Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj

Ph: 9235432681,

CIN: U85110DL2003PLC308206

Patient Name : Mr.SHAILESH MOHAN Registered On : 21/Jul/2021 09:42:30 Age/Gender : 28 Y O M O D /M Collected : 21/Jul/2021 09:47:11 UHID/MR NO Received : CALI.0000028515 : 21/Jul/2021 12:21:09 Visit ID : CALI0041622122 Reported : 21/Jul/2021 14:04:46 : Dr.Mediwheel - Arcofemi Health Care Ltd. Status Ref Doctor : 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) **, BI	ood			
Blood Group Rh (Anti-D)	AB POSITIVE			
COMPLETE BLOOD COUNT (CBC) ** , B	llood			
Haemoglobin	14.20	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	8,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	67.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	27.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr		
Corrected	6.00	Mm for 1st hr	. < 9	
PCV (HCT)	44.00	cc %	40-54	
Platelet count				
Platelet Count	2.1	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	25.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	61.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				25, 1102
RBC Count	4.79	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

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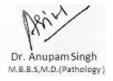
CIN: U85110DL2003PLC308206

Patient Name : Mr.SHAILESH MOHAN Registered On : 21/Jul/2021 09:42:30 Age/Gender : 28 Y O M O D /M Collected : 21/Jul/2021 09:47:11 UHID/MR NO : CALI.0000028515 Received : 21/Jul/2021 12:21:09 Visit ID : CALI0041622122 Reported : 21/Jul/2021 14:04:46 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 Indices (MCV, MCH, MCHC)				
MCV	89.20	fl	80-100	CALCULATED PARAMETER
MCH	29.60	pg	28-35	CALCULATED PARAMETER
MCHC	33.20	%	30-38	CALCULATED PARAMETER
RDW-CV	13.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	5,628.00 252.00	/cu mm /cu mm	3000-7000 40-440	



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Patient Name : Mr.SHAILESH MOHAN : 21/Jul/2021 09:42:31 Registered On Age/Gender : 28 Y O M O D /M Collected : 21/Jul/2021 09:47:11 UHID/MR NO : CALI.0000028515 Received : 21/Jul/2021 12:10:16 Visit ID : CALI0041622122 Reported : 21/Jul/2021 13:15:02 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. Interv	ıl Meth	od
Glucose Fasting ** Sample:Plasma	96.50	100-	0 Normal 125 Pre-diabetes 6 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 **	117.30	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)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	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 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.

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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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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:

^{**}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:

^{*}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	Un	it Bio. Ref. Interv	val Method
Sample:Serum				
Creatinine ** Sample:Serum	1.00	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** Sample:Serum	89.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** Sample:Serum	7.15	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT)	24.70 37.40	U/L U/L	< 35 < 40	IFCC WITHOUT P5P IFCC WITHOUT P5P
Gamma GT (GGT) Protein	26.70 6.95	IU/L gm/dl	11-50 6.2-8.0	OPTIMIZED SZAZING BIRUET
Albumin Globulin	4.39 2.56	gm/dl gm/dl	3.8-5.4 1.8-3.6	B.C.G. CALCULATED
A:G Ratio Alkaline Phosphatase (Total)	1.71 125.00	U/L	1.1-2.0 42.0-165.0	CALCULATED IFCC METHOD
Bilirubin (Total) Bilirubin (Direct)	1.27 0.67	mg/dl mg/dl	0.3-1.2 < 0.30	JENDRASSIK & GROF JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) **, Serum				
Cholesterol (Total)	183.00	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP gh
HDL Cholesterol (Good Cholesterol)	33.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	97	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL Trick portidos	52.00	mg/dl	10-33	CALCULATED
Triglycerides	260.00	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-PAP ph Dr. Anupam Singh

M.B.B.S,M.D.(Pathology)

Add: B 1/2, Sector J, Near Sangam Chauraha, L
da Stadium Road, Aliganj

Ph: 9235432681,

CIN: U85110DL2003PLC308206

Patient Name : Mr.SHAILESH MOHAN Registered On : 21/Jul/2021 09:42:31 Age/Gender : 28 Y O M O D /M Collected : 21/Jul/2021 17:08:50 UHID/MR NO : CALI.0000028515 Received : 21/Jul/2021 17:55:10 Visit ID : CALI0041622122 Reported : 21/Jul/2021 19:24:53 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE ** ,	Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.005			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT		> 2 (++++)	DIPSTICK
Bile Salts	ABSENT			DIFSTICK
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ABOLIVI			
Epithelial cells	0-1/h.p.f			MICROSCOPIC
Epithelial Celis	υ- 1/11.μ.1			EXAMINATION
Pus cells	ABSENT			MICROSCOPIC
1 43 3313	ABOLIVI			EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE ** , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Intornuctations				

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

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Ph: 9235432681,

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Patient Name : Mr.SHAILESH MOHAN Registered On : 21/Jul/2021 09:42:31 : 28 Y O M O D /M Age/Gender Collected : 21/Jul/2021 17:08:50 UHID/MR NO : CALI.0000028515 Received : 21/Jul/2021 17:55:10 : CALI0041622122 Visit ID Reported : 21/Jul/2021 19:24:53

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

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. Anupam Singh M.B.B.S,M.D.(Pathology)

Add: B 1/2, Sector J, Near Sangam Chauraha, L
da Stadium Road, Aliganj

Ph: 9235432681,

CIN: U85110DL2003PLC308206

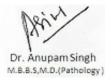
Patient Name : Mr.SHAILESH MOHAN Registered On : 21/Jul/2021 09:42:31 Age/Gender : 28 Y O M O D /M Collected : 21/Jul/2021 09:47:11 UHID/MR NO : CALI.0000028515 Received : 21/Jul/2021 11:59:06 Visit ID : CALI0041622122 Reported : 21/Jul/2021 12:36:21 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Uni	it E	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum					
T3, Total (tri-iodothyronine)	124.15	ng/o	8 lb	4.61–201.7	CLIA
T4, Total (Thyroxine)	9.23	ug/o	dl 3	.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.57	μIU/r	mL 0	.27 - 5.5	CLIA
Interpretation:					
•		0.3-4.5	μIU/mL	First Trimes	ter
		0.4-4.2	$\mu IU/mL$	Adults	21-54 Years
		0.5-4.6	$\mu IU/mL$	Second Trim	nester
		0.5-8.9	$\mu IU/mL$	Adults	55-87 Years
			μIU/mL	`	*
			μIU/mL		28-36 Week
			μIU/mL		
			μIU/mL		0-4 Days
			μIU/mL		2-20 Week
		2.3-13.2	μIU/mL	Cord Blood	> 37Week

- 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.



Add: B $1/2,\,Sector\,J,\,Near\,Sangam\,Chauraha,\,Lda\,Stadium\,Road,Aliganj$

Ph: 9235432681,

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Patient Name : Mr.SHAILESH MOHAN Registered On : 21/Jul/2021 09:42:32

 Age/Gender
 : 28 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CALI.0000028515
 Received
 : N/A

Visit ID : CALI0041622122 Reported : 21/Jul/2021 16:03:46

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 *

(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
- CORADS-1.

Dr. Anil Kumar Verma (MBBS,DMRD)

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CIN: U85110DL2003PLC308206

Patient Name : Mr.SHAILESH MOHAN Registered On : 21/Jul/2021 09:42:32

 Age/Gender
 : 28 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CALI.0000028515
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is normal in size (~143 mm) with grade I fatty changes.
- No obvious focal lesion is seen. The intra-hepatic biliary radicles are normal.
- Portal vein is normal (~ 8.4 mm) in caliber.

GALL BLADDER & CBD

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic. No wall thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal (~ 4.3 mm) in caliber.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Both the kidneys are normal in size and echotexture.
- Right kidney measures ~ 113 x 49 mm.
- Left kidney measures ~ 107 x 42 mm.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

• No significant lymph node noted.

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Patient Name : Mr.SHAILESH MOHAN Registered On : 21/Jul/2021 09:42:32

 Age/Gender
 : 28 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CALI.0000028515
 Received
 : N/A

Visit ID : CALI0041622122 Reported : 21/Jul/2021 12:12:44

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

URINARY BLADDER

• Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.

PROSTATE

• Prostate is normal in size measures ~ 13.8 grams.

IMPRESSION

• Grade I fatty changes in liver.

Typed by- anoop

(This report is an expert opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG

Dr. Anil Kumar 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.