# INDRA DIAGNOSTIC CENTRE

Add: Kamla Nehru Road, Old Katra,Prayagraj
Ph: 9235447965,0532-2548257
CIN : U85110DL2003PLC308206

| | | | |
|---|---|---|---|
| Patient Name | : Mr.VIKASH CHANDRA-179531 | Registered On | : 12/Nov/2022 09:08:14 |
| Age/Gender | : 36 Y 7 M 8 D /M | Collected | : 12/Nov/2022 09:23:32 |
| UHID/MR NO | : ALDP.0000108169 | Received | : 12/Nov/2022 09:50:35 |
| Visit ID | : ALDP0242252223 | Reported | : 12/Nov/2022 14:27:30 |
| 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 | B | | | |
| Rh ( Anti-D) | POSITIVE | | | |
| **Complete Blood Count (CBC) * ,** *Whole Blood* | | | | |
| Haemoglobin | 13.80 | g/dl | 1 Day- 14.5-22.5 g/dl<br>1 Wk- 13.5-19.5 g/dl<br>1 Mo- 10.0-18.0 g/dl<br>3-6 Mo- 9.5-13.5 g/dl<br>0.5-2 Yr- 10.5-13.5 g/dl<br>2-6 Yr- 11.5-15.5 g/dl<br>6-12 Yr- 11.5-15.5 g/dl<br>12-18 Yr 13.0-16.0 g/dl<br>Male- 13.5-17.5 g/dl<br>Female- 12.0-15.5 g/dl | |
| TLC (WBC) | 5,200.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| **DLC** | | | | |
| Polymorphs (Neutrophils ) | 66.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 27.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 5.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 2.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | < 1 | ELECTRONIC IMPEDANCE |
| **ESR** | | | | |
| Observed | 8.00 | Mm for 1st hr. | | |
| Corrected | - | Mm for 1st hr. | < 9 | |
| PCV (HCT) | 42.00 | % | 40-54 | |
| **Platelet count** | | | | |
| Platelet Count | **0.94** | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.40 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | - | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.13 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | **15.40** | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| **RBC Count** | | | | |
| RBC Count | 4.85 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |

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| Age/Gender | : 36 Y 7 M 8 D /M | Collected | : 12/Nov/2022 09:23:32 |
| UHID/MR NO | : ALDP.0000108169 | Received | : 12/Nov/2022 09:50:35 |
| Visit ID | : ALDP0242252223 | Reported | : 12/Nov/2022 14:27:30 |
| 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 | 88.40 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 28.50 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 32.20 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 14.30 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 48.50 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 3,432.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 104.00 | /cu mm | 40-440 | |

Dr. Akanksha Singh (MD Pathology)

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| Age/Gender | : 36 Y 7 M 8 D /M | Collected | : 12/Nov/2022 13:37:36 |
| UHID/MR NO | : ALDP.0000108169 | Received | : 12/Nov/2022 14:04:45 |
| Visit ID | : ALDP0242252223 | Reported | : 12/Nov/2022 14:39:54 |
| 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 | 106.70 | mg/dl | < 100 Normal<br>100-125 Pre-diabetes<br>≥ 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 *** <br>*Sample:Plasma After Meal* | 132.00 | mg/dl | <140 Normal<br>140-199 Pre-diabetes<br>>200 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.

Dr. Akanksha Singh (MD Pathology)

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| UHID/MR NO | : ALDP.0000108169 | Received | : 13/Nov/2022 12:03:45 |
| Visit ID | : ALDP0242252223 | Reported | : 13/Nov/2022 13:01:48 |
| 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 |
|---|---|---|---|---|
| **GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** ,** *EDTA BLOOD* | | | | |
| Glycosylated Haemoglobin (HbA1c) | 4.40 | % NGSP | | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 25.00 | mmol/mol/IFCC | | |
| Estimated Average Glucose (eAG) | 79 | 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.
**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.

**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

| | | | |
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## DEPARTMENT OF BIOCHEMISTRY

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|

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

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| Visit ID | : ALDP0242252223 | Reported | : 12/Nov/2022 12:40:26 |
| 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 |
|---|---|---|---|---|
| **BUN (Blood Urea Nitrogen) *** *Sample:Serum* | 12.14 | mg/dL | 7.0-23.0 | CALCULATED |
| **Creatinine *** *Sample:Serum* | 1.20 | mg/dl | 0.7-1.3 | MODIFIED JAFFES |
| **Uric Acid *** *Sample:Serum* | **8.10** | mg/dl | 3.4-7.0 | URICASE |
| **LFT (WITH GAMMA GT) * ,** *Serum* | | | | |
| SGOT / Aspartate Aminotransferase (AST) | **38.70** | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | **76.50** | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 31.90 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 7.60 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.50 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 3.10 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.45 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 137.00 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | **1.40** | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | **0.50** | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | **0.90** | mg/dl | < 0.8 | JENDRASSIK & GROF |
| **LIPID PROFILE ( MINI ) * ,** *Serum* | | | | |
| Cholesterol (Total) | 171.00 | mg/dl | <200 Desirable<br>200-239 Borderline High<br>> 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 31.80 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 62 | mg/dl | < 100 Optimal<br>100-129 Nr. Optimal/Above Optimal<br>130-159 Borderline High<br>160-189 High<br>> 190 Very High | CALCULATED |
| VLDL | **77.48** | mg/dl | 10-33 | CALCULATED |
| Triglycerides | **387.40** | mg/dl | < 150 Normal<br>150-199 Borderline High<br>200-499 High<br>>500 Very 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 |
|---|---|---|---|---|

Result Rechecked

Dr. Akanksha Singh (MD Pathology)

# INDRA DIAGNOSTIC CENTRE

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| Visit ID | : ALDP0242252223 | Reported | : 12/Nov/2022 15:06:37 |
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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 |
|---|---|---|---|---|
| **URINE EXAMINATION, ROUTINE * ,** *Urine* | | | | |
| Color | LIGHT YELLOW | | | |
| Specific Gravity | 1.015 | | | |
| Reaction PH | Acidic ( 5.0 ) | | | DIPSTICK |
| Protein | ABSENT | mg % | < 10 Absent<br>10-40 (+)<br>40-200 (++)<br>200-500 (+++)<br>> 500 (++++) | DIPSTICK |
| Sugar | ABSENT | gms% | < 0.5 (+)<br>0.5-1.0 (++)<br>1-2 (+++)<br>> 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** | 1-3/h.p.f | | | MICROSCOPIC EXAMINATION |
| **Pus cells** | 1-3/h.p.f | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

Urine Microscopy is done on centrifuged urine sediment.

| | | | |
|---|---|---|---|
| **SUGAR, FASTING STAGE * ,** *Urine* | | | |
| Sugar, Fasting stage | ABSENT | gms% | |

**Interpretation:**

(+) < 0.5
(++) 0.5-1.0
(+++) 1-2

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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 |
|---|---|---|---|---|

(++++) > 2

**SUGAR, PP STAGE * ,** *Urine*

| | | | | |
|---|---|---|---|---|
| Sugar, PP Stage | ABSENT | | | |

**Interpretation:**

(+) < 0.5 gms%
(++) 0.5-1.0 gms%
(+++) 1-2 gms%
(++++) > 2 gms%

Dr. Akanksha Singh (MD Pathology)

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| UHID/MR NO | : ALDP.0000108169 | Received | : 13/Nov/2022 11:43:39 |
| Visit ID | : ALDP0242252223 | Reported | : 13/Nov/2022 13:00:41 |
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## DEPARTMENT OF IMMUNOLOGY

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **THYROID PROFILE - TOTAL ** ,** *Serum* | | | | |
| T3, Total (tri-iodothyronine) | 136.62 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 9.60 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 2.06 | 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. Anupam Singh
M.B.B.S,M.D.(Pathology)

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| Patient Name | : Mr.VIKASH CHANDRA-179531 | Registered On | : 12/Nov/2022 09:08:15 |
| Age/Gender | : 36 Y 7 M 8 D /M | Collected | : N/A |
| UHID/MR NO | : ALDP.0000108169 | Received | : N/A |
| Visit ID | : ALDP0242252223 | Reported | : 12/Nov/2022 12:57:45 |
| 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 REPORT

**(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)**

**CHEST P-A VIEW**

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

Dr Nidhikant (MBBS,DMRD,DNB)

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| Visit ID | : ALDP0242252223 | Reported | : 12/Nov/2022 11:11:40 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

## DEPARTMENT OF ULTRASOUND

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

**LIVER**: - Normal in size (14.6 cm), shape and **shows diffuse increase in the liver parenchymal echogenicity suggestive of grade I fatty changes**. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

**GALL BLADDER** :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**CBD :-** Normal in calibre at porta.

**PORTAL VEIN**: - Normal in calibre and colour uptake at porta.

**PANCREAS: -** Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

**SPLEEN**: - **Enlarge in size (13.8 cm)**, with normal shape and echogenicity.

**RIGHT KIDNEY**: - Normal in size (10.5 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size (9.9 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER :-** Normal in shape, outline and distension. No e/o wall thickening / calculus.

**PROSTATE :-** Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

**IMPRESSION :**

- **Grade I fatty liver.**
- **Mild splenomegaly.**

**Please correlate clinically**

***** End Of Report *****

**(**) Test Performed at Chandan Speciality Lab.**

Dr Nidhikant (MBBS,DMRD,DNB)

ow:
NE EXAMINATION, ECG / EKG