

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



Patient Name	: Mr.ABHISHEK PANCHAL	Registered On	: 10/Mar/2024 07:54:20
Age/Gender	: 36 Y 6 M 13 D /M	Collected	: 10/Mar/2024 08:14:38
UHID/MR NO	: CDCA.0000057279	Received	: 10/Mar/2024 10:13:54
Visit ID	: CDCA0382972324	Reported	: 10/Mar/2024 17:58:55
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) * , B	lood			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	NEGATIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whol	e Blood			
Haemoglobin TLC (WBC) DLC Polymorphs (Neutrophils ) Lymphocytes Monocytes	15.00 5,600.00 <b>44.00</b> <b>45.00</b> 4.00	g/dl /Cumm % % %	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 4000-10000 55-70 25-40 3-5	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Eosinophils	7.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils <b>ESR</b>	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	12.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 9	
PCV (HCT) <b>Platelet count</b>	45.00	%	40-54	
Platelet Count	1.6	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	46.70	%	35-60	ELECTRONIC IMPEDANCE





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# DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.30	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	84.90	۶fl	80-100	CALCULATED PARAMETER
MCH	28.30	pg	28-35	CALCULATED PARAMETER
MCHC	33.33	%	30-38	CALCULATED PARAMETER
RDW-CV	11.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	36.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,464.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	392.00	/cu mm	40-440	

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







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UHID/MR NO	: CDCA.0000057279	Received	: 10/Mar/2024 13:04:44
Visit ID	: CDCA0382972324	Reported	: 10/Mar/2024 14:57:59
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	105.50	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ <b>126 Diabetes</b>	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 * Sample:Plasma After Meal	133.73	mg/dl	<140 Normal 140-199 Pre-diabetes >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. R.K. Khanna (MBBS, DCP)



Home Sample Collection 1800-419-0002



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### 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) Glycosylated Haemoglobin (HbA1c) Estimated Average Glucose (eAG)	5.90 41.00 122	% NGSP mmol/mol/IFCC mg/dl		HPLC (NGSP)

#### 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)	<b>Degree of Glucose Control Unit</b>
> 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 1 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.

#### **<u>Clinical Implications:</u>**

\*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 (MBBS MD Pathology)

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### DEPARTMENT OF BIOCHEMISTRY

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

			Die Def Interval	
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	12.30	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine *</b> Sample:Serum	1.28	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	6.60	• mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	45.49	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	61.66	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	35.20	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.11	gm/dl	6.2-8.0	BIURET
Albumin	4.33	gm/dl	3.4-5.4	B.C.G.
Globulin	2.78	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.56		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	116.82	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.59	mg/dl	0.3-1.2	<b>JENDRASSIK &amp; GROF</b>
Bilirubin (Direct)	0.24	mg/dl	< 0.30	<b>JENDRASSIK &amp; GROF</b>
Bilirubin (Indirect)	0.35	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	281.10	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	54.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	189	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	37.48	mg/dl	10-33	CALC' "
Triglycerides	187.40	mg/dl	<ul> <li>&lt; 150 Normal</li> <li>150-199 Borderline High</li> <li>200-499 High</li> <li>&gt;500 Very High</li> </ul>	GPO-





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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 $^{\star}$ , $\upsilon$	Irine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	<sup>′</sup> mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	DIDOTION
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	nig/ di	0.1 0.0	DIOONEIMISTICI
Bile Pigments	ABSENT			
Bilirubin	ABSENT		1. 1. 1. S. P. 1. P.	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			Dirottok
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:	ABOLINI			
Epithelial cells	ABSENT			MICROSCOPIC
Epithelial cells	ADJLINI			EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
ND03	ADJENT			EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
		3		

#### Interpretation:

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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
$\begin{array}{ll} (+) &< 0.5 \\ (++) & 0.5 \\ (+++) & 1 \\ (+++) & 1 \\ (++++) &> 2 \end{array}$				
SUGAR, PP STAGE * , Urine				
Sugar, PP Stage	ABSENT			
<b>Interpretation:</b> (+) < 0.5 gms% (++) 0.5-1.0 gms% (+++) 1-2 gms% (++++) > 2 gms%		12		

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



**Home Sample Collection** 

1800-419-0002



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Visit ID	: CDCA0382972324	Reported	: 10/Mar/2024 15:01:45
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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)	102.35	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	1.560	µIU/mL	0.27 - 5.5	CLIA	
Interpretation:					

0.3-4.5

0.5-4.6

0.8-5.2

0.5-8.9

0.7-27

0.7-64

1-39

1.7-9.1

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

2.3-13.2 µIU/mL

First Trimester Second Trimester

Third Trimester

Child(21 wk - 20 Yrs.)

55-87 Years

0-4 Days

2-20 Week

28-36 Week

> 37Week

Adults

Child

Child

Premature

Cord Blood

1) Patients having low T3 and T4 levels but high TSH levels	suffer from primary	hypothyroidism, cretinism,	juvenile myxedema or
autoimmune disorders.		and the second second	

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 (MBBS MD Pathology)

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# **DEPARTMENT OF X-RAY**

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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.
- Both hilar shadows and bronchovascular markings are prominent.
- Pulmonary parenchyma did not reveal any significant lesion.

#### **IMPRESSION :**

### • **BRONCHITIS.**

Adv: clinico-pathological correlation and further evaluation.

Dr. Anoop Agarwal MBBS,MD(Radiology)

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# DEPARTMENT OF ULTRASOUND

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

# ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

### <u>LIVER</u>

• Liver is normal in size measures 142.0 mm in cranio caudal extent, shows diffuse bright echoes. No focal lesion is seen.

### 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 is normal at the porta.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

#### PANCREAS

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

#### **RIGHT KIDNEY**

- 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

- 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 MALE & FEMALE BELOW 40 YRS

#### **SPLEEN**

• The spleen is normal in size and has a homogenous echotexture.

### **ILIAC FOSSA**

• Scan over the iliac fossae does not reveal any fluid collection or mass.

#### **URINARY BLADDER**

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

#### **PROSTATE**

• The prostate gland is normal in texture and size.

### **IMPRESSION**

• Grade-I fatty changes liver.

#### \*\*\* End Of Report \*\*\*

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

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Anoop Agarwal

MBBS.MD(Radiolog

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

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