

Chandan Diagnostic Centre, Dehradun

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Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANISH KUMAR-PKG10000238	Registered On	: 22/Jan/2022 10:36:03
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 22/Jan/2022 11:02:23
UHID/MR NO	: IDUN.0000162122	Received	: 22/Jan/2022 11:25:38
Visit ID	: IDUN0418992122	Reported	: 22/Jan/2022 12:17:16
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	А			
Rh ( Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood	1			
Haemoglobin	12.90	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	5,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	52.50	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	40.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.50	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	18.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	< 9	
PCV (HCT)	38.20	cc %	40-54	
Platelet count				
Platelet Count	2.55	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOP
PDW (Platelet Distribution width)	12.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	32.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) <b>RBC Count</b>	9.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	4.00	Mill./cu mm	4 2-5 5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)	4.00	wiiii./ cu mim	7.2-3.3	
MCV	95.70	fl	80-100	CALCULATED PARAMETER
МСН	32.20	pg	28-35	CALCULATED PARAMETER
a kirika na uran	33.60	%	30-38	CALCULATED PARAMETER
	11.60	%	11-16	ELECTRONIC IN W
SU-MENTIN'I Decologica	46.50	fL	35-60	ELECTRONIC IN
a state of the second se	2,880.00	/cu mm	3000-7000	DR. RITU KALI
sinophils Count (AEC)	50.00	/cu mm	40-440	MD (PATHOLO

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Visit ID	: IDUN0418992122	Reported	: 22/Jan/2022 12:30:49
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	Un	it Bio. Ref. Interva	al Method
GLUCOSE FASTING , Plasma				
Glucose Fasting	87.33	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 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	114.00	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)	5.43	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	36.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	109	mg/dl	

#### Interpretation:

#### <u>NOTE</u>:-

- 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.

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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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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 G8 90 SL TOSOH 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

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
BUN (Blood Urea Nitrogen) * Sample:Serum	8.20	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.83	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	116.00	ml/min/1.73m	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> Sample:Serum	5.42	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	23.30	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	19.44	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	30.48	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.93	gm/dl	6.2-8.0	BIRUET
Albumin	4.55	gm/dl	3.8-5.4	B.C.G.
Globulin	2.38	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.91		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	120.45	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.49	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.21	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.28	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	183.25	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP gh
HDL Cholesterol (Good Cholesterol)	46.12	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	119	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High	
	17.74	mg/dl	10-33	CALCULATED
	88.68	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-PAP

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Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 22/Jan/2022 13:08:46
UHID/MR NO	: IDUN.0000162122	Received	: 22/Jan/2022 13:22:42
Visit ID	: IDUN0418992122	Reported	: 22/Jan/2022 13:27:02
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, ROUTIN	NE * , Urine			
Color	PALE YELLOW			
Specific Gravity	1.025			
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) Microscopic Examination:	ABSENT			
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Others	ABSENT			EXAMINATION
STOOL, ROUTINE EXAMINATIO	DN * , Stool			
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic ( 6.0 )			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			

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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	
RBCs	ABSENT				
Ova	ABSENT				
Cysts	ABSENT				
Others	ABSENT				
SUGAR, FASTING STAGE * , Urine					
Sugar, Fasting stage	ABSENT	gms%			
Interpretation: $(+)$ < 0.5 $(++)$ 0.5-1.0 $(+++)$ 1-2 $(++++)$ > 2					
SUGAR, PP STAGE * , Urine					
Sugar, PP Stage	ABSENT				
Interpretation: (+) < 0.5 gms%					

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





DR. RITU KALIA MD (PATHOLOGY)

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UHID/MR NO	: IDUN.0000162122	Received	: 24/Jan/2022 11:41:39
Visit ID	: IDUN0418992122	Reported	: 24/Jan/2022 12:36:54
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	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	136.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.32	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.60	μIŪ/mL	0.27 - 5.5	CLIA
Interpretation:				
-		0.3-4.5 μIU	/mL First Trimes	ter
		0.5-4.6 μIU	/mL Second Trim	nester
		0.8-5.2 μIU	/mL Third Trimes	ster
		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 μI	U/mL Child	0-4 Days
		1.7 <b>-</b> 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.

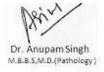
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

**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 MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

### <u>X-RAY REPORT</u> (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.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

# IMPRESSION : • NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.



Dr. Amit Bhandari MBBS MD RADIOLOGY

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### DEPARTMENT OF ULTRASOUND

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

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

Liver is normal in size and bright in echotexture. No focal lesion seen.

PV and CBD are normal. IHBR are not dilated.

Gall bladder seen in distended state with echofree lumen. Wall thickness is normal.

**Spleen** is normal in size, shape and echotexture.

Pancreas Head and body appear normal. Tail is obscured by bowel gases.

Kidneys: Right kidney measures approx 99 x 45 mm and left kidney measures approx 102 x 42 mm.

Both kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No obvious mass/calculus/hydronephrosis seen.

Urinary bladder seen in distended state with echofree lumen. Wall thickness is normal.

Prostate is normal in size and echotexture.

No significant free fluid seen in peritoneal cavity.

IMP:- GRADE I FATTY LIVER.

Note: In case of any discrepancy due to typing error kindly get it rectified immediately

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

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow: 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