

CHANDAN DIAGNOSTIC CENTRE

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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.POOJA MATHUR-666596 Registered On : 24/Feb/2024 09:07:35 Age/Gender Collected : 40 Y O M O D /F : 24/Feb/2024 09:23:06 UHID/MR NO : IDUN.0000221165 Received : 24/Feb/2024 10:19:38

Visit ID : IDUN0393232324 Reported : 24/Feb/2024 12:50:32

: Dr.MEDIWHEEL ACROFEMI Ref Doctor Status : Final Report HEALTHCARE LTD.DDN -

DEPARTMENT OF HAEMATOLOGY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blood	ood			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE	- control		ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	e Blood			
Haemoglobin	14.20	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/d	
TLC (WBC) <u>DLC</u>	5,830.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	62.20	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	25.30	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	7.20	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.90	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.40	%	<1	ELECTRONIC IMPEDANCE
Observed	8.00	Mm for 1st hr.		
Corrected		Mm for 1st hr.	< 20	
PCV (HCT) Platelet count	40.10	%	40-54	
Platelet Count	2.07	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	45.30	%	35-60	ELECTRONIC IMPEDANCE









Since 1991

CHANDAN DIAGNOSTIC CENTRE

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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.POOJA MATHUR-666596 Registered On : 24/Feb/2024 09:07:35 Age/Gender : 24/Feb/2024 09:23:06 Collected : 40 Y O M O D /F UHID/MR NO Received : IDUN.0000221165 : 24/Feb/2024 10:19:38 Visit ID : IDUN0393232324 Reported : 24/Feb/2024 12:50:32

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Result	Unit	Bio. Ref. Interval	Method
0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
10.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
4.86	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
82.60	fl	80-100	CALCULATED PARAMETER
29.30	pg	28-35	CALCULATED PARAMETER
35.50	%	30-38	CALCULATED PARAMETER
11.50	%	11-16	ELECTRONIC IMPEDANCE
39.50	fL	35-60	ELECTRONIC IMPEDANCE
3,630.00	/cu mm	3000-7000	
290.00	/cu mm	40-440	
	0.23 10.90 4.86 82.60 29.30 35.50 11.50 39.50 3,630.00	0.23 % 10.90 fL 4.86 Mill./cu mm 82.60 fl 29.30 pg 35.50 % 11.50 % 39.50 fL 3,630.00 /cu mm	0.23 % 0.108-0.282 10.90 fL 6.5-12.0 4.86 Mill./cu mm 3.7-5.0 82.60 fl 80-100 29.30 pg 28-35 35.50 % 30-38 11.50 % 11-16 39.50 fL 35-60 3,630.00 /cu mm 3000-7000

DR.SMRITI GUPTA MD (PATHOLOGY)









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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.POOJA MATHUR-666596 : 24/Feb/2024 09:07:37 Registered On Age/Gender : 40 Y O M O D /F Collected : 24/Feb/2024 09:23:04 UHID/MR NO : IDUN.0000221165 Received : 24/Feb/2024 10:19:39 Visit ID : IDUN0393232324 Reported : 24/Feb/2024 13:58:37

Ref Doctor : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN - Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Uı	nit Bio. Ref. Inte	rval Method	
GLUCOSE FASTING , Plasma					
Glucose Fasting	90.00	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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	106	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









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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.POOJA MATHUR-666596 Registered On : 24/Feb/2024 09:07:37 Age/Gender : 40 Y O M O D /F Collected : 24/Feb/2024 09:23:04 UHID/MR NO : IDUN.0000221165 Received : 24/Feb/2024 10:19:39 Visit ID : IDUN0393232324 Reported : 24/Feb/2024 13:58:37

Ref Doctor : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN - Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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	7.65	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.67	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample:Serum	3.97	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	29.25	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	24.42	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	14.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.83	gm/dl	6.2-8.0	BIURET
Albumin	4.41	gm/dl	3.4-5.4	B.C.G.
Globulin	2.42	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.82		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	124.51	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.48	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.16	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.32	mg/dl	< 0.8	Jendrassik & Grof







^{*}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.



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

CIN: U85110DL2003PLC308206



Patient Name

: Mrs.POOJA MATHUR-666596

Registered On

: 24/Feb/2024 09:07:37

Age/Gender

: 40 Y 0 M 0 D /F

Collected

: 24/Feb/2024 09:23:04 : 24/Feb/2024 10:19:39

UHID/MR NO Visit ID

: IDUN.0000221165 : IDUN0393232324 Received Reported

: 24/Feb/2024 13:58:37

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN - Status

: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	ι	Jnit Bio. Ref. Int	erval Method
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	214.78	mg/dl	<200 Desirable 200-239 Borderline > 240 High	CHOD-PAP High
HDL Cholesterol (Good Cholesterol)	61.66	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	137	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Opt	
			130-159 Borderline	High
			160-189 High > 190 Very High	
VLDL	16.18	mg/dl	10-33	CALCULATED
Triglycerides	80.89	mg/dl	< 150 Normal 150-199 Borderline 200-499 High >500 Very High	GPO-PAP High

DR.SMRITI GUPTA MD (PATHOLOGY)







Test Name

CHANDAN DIAGNOSTIC CENTRE

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

CIN: U85110DL2003PLC308206



Method

Patient Name : Mrs.POOJA MATHUR-666596 Registered On : 24/Feb/2024 09:07:35 Age/Gender Collected : 40 Y O M O D /F : 24/Feb/2024 09:23:05 UHID/MR NO : IDUN.0000221165 Received : 24/Feb/2024 10:19:39 Visit ID : IDUN0393232324 Reported : 24/Feb/2024 11:03:32

Result

Pof Doctor : Dr.MEDIWHEEL ACROFEMI Status : Final Poport

Ref Doctor : Dr.MEDIWHEEL ACROFEMI Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Unit

Bio. Ref. Interval

rest ivallic	Result	Oilit	Dio. Ref. litterval	Wictilou
URINE EXAMINATION, ROUTINE *	Union			
Color	PALE YELLOW			
Specific Gravity	1.010			DIDCTION
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR	,		
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+) 40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
ougui	ABOLIVI	9111370	0.5-1.0 (++)	Dir official
			1-2 (+++)	
			> 2 (++++)	
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	10-15/h.p.f			
RBCs	10-12/h.p.f			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
	,45			EXAMINATION
Others	ABSENT			

DR.SMRITI GUPTA MD (PATHOLOGY)







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

CIN: U85110DL2003PLC308206



Patient Name

: Mrs.POOJA MATHUR-666596

Registered On

: 24/Feb/2024 09:07:36

Age/Gender

: 40 Y O M O D /F

Collected

: 24/Feb/2024 14:12:41 : 24/Feb/2024 19:18:09

UHID/MR NO Visit ID

: IDUN.0000221165 : IDUN0393232324 Received Reported

: 25/Feb/2024 09:58:30

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -

Status

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage

ABSENT

gms%

Interpretation:

(+)

< 0.5 0.5-1.0

(++) 0.5 (+++) 1-2

(++++) > 2

DR.SMRITI GUPTA MD (PATHOLOGY)

Page 7 of 10







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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.POOJA MATHUR-666596 Registered On : 24/Feb/2024 09:07:37 Age/Gender Collected : 40 Y O M O D /F : 24/Feb/2024 09:23:04 UHID/MR NO : IDUN.0000221165 Received : 24/Feb/2024 10:19:39 Visit ID : IDUN0393232324 Reported : 24/Feb/2024 19:36:43

Ref Doctor : Dr.MEDIWHEEL ACROFEMI Status : Final Report HEALTHCARE LTD.DDN -

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	124.45	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.70	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.660	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
. •		0.3-4.5 μIU/n	nL First Trimes	ster
		0.5-4.6 μIU/n	nL Second Trin	nester
		0.8-5.2 μIU/n	nL Third Trime	ester
		0.5-8.9 $\mu IU/n$	nL Adults	55-87 Years
		0.7-27 μIU/n	nL Premature	28-36 Week
		2.3-13.2 μIU/n	nL Cord Blood	> 37Week
		0.7-64 μIU/n	nL Child(21 wk	c - 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/r	nL 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)

Page 8 of 10









Age/Gender

UHID/MR NO

Ref Doctor

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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.POOJA MATHUR-666596

: 40 Y O M O D /F

: IDUN.0000221165

Visit ID : IDUN0393232324

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN - Registered On

: 24/Feb/2024 09:07:38

Collected : N/A

Received : N/A

Reported : 24/Feb/2024 13:35:23

Status : Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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







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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.POOJA MATHUR-666596

Registered On

: 24/Feb/2024 09:07:38

Age/Gender UHID/MR NO : 40 Y O M O D /F : IDUN.0000221165

Received

Visit ID

: IDUN0393232324

Reported

Collected

: 24/Feb/2024 09:57:33

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -

Status : Final Report

: N/A

: N/A

DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: is normal in size and echotexture. No focal lesion 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.

KIDNEYS: Right kidney measures approx 106 mm and Left kidney measures approx 113 mm.

Both kidneys are normal in size, 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. No focal lesion seen. Endometrial thickness is approx 8 mm.

ADNEXA: - Both ovaries are normal.

FLUID: No significant free fluid seen in peritoneal cavity.

IMPRESSION: - NO SIGNIFICANT ABNORMALITY DETECTED.

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

*** End Of Report ***

Re ST.

EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT), P.

+

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 *

Facilities Available at Select Location





