

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar Ph: 7706041643,7706041644

CIN: U85196UP1992PLC014075



Patient Name : Mr.ALOK KUMAR Registered On : 09/Oct/2023 09:28:30 Age/Gender : 34 Y 8 M 1 D /M Collected : 09/Oct/2023 09:35:20 UHID/MR NO : IDCD.0000187474 Received : 09/Oct/2023 10:41:01 Visit ID Reported : 09/Oct/2023 13:32:23 : IDCD0302312324

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) *, Blo	ood			
Blood Group	AB			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE	- control fig.		ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	Blood			
Haemoglobin	14.30	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/dl	
TLC (WBC) DLC	5,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	12.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	< 9	
PCV (HCT) Platelet count	43.00	%	40-54	
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	62.00	%	35-60	ELECTRONIC IMPEDANCE







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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.17	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.50	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	93.60	fΙ	80-100	CALCULATED PARAMETER
MCH	31.80	pg	28-35	CALCULATED PARAMETER
MCHC	34.00	%	30-38	CALCULATED PARAMETER
RDW-CV	12.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,348.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	108.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)







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Patient Name : Mr.ALOK KUMAR : 09/Oct/2023 09:28:31 Registered On Age/Gender : 34 Y 8 M 1 D /M Collected : 09/Oct/2023 09:35:20 UHID/MR NO : IDCD.0000187474 Received : 09/Oct/2023 12:24:29 Visit ID Reported : IDCD0302312324 : 09/Oct/2023 13:26:50

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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	88.80	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.

Dr. Shoaib Irfan (MBBS, MD, PDCC)







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit Bio. R	ef. Interval Method	
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	4.90	% NGSP	HPLC (NGSP)	
Glycosylated Haemoglobin (HbA1c)	30.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	94	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.

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





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



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CHANDAN DIAGNOSTIC CENTRE

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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

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection 1800-419-0002

^{*}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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: Dr.Mediwheel - Arcofemi Health Care Ltd. Status Ref Doctor : 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	11.72	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.93	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	9.25	· mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	45.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	47.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	37.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.73	gm/dl	6.2-8.0	BIURET
Albumin	4.47	gm/dl	3.4-5.4	B.C.G.
Globulin	3.26	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.37		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	77.48	U/L	42.0-165.0.	IFCC METHOD
Bilirubin (Total)	1.62	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.56	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	1.06	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	197.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	53.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	98	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima	CALCULATED
			130-159 Borderline High 160-189 High > 190 Very High	1
VLDL	45.12	mg/dl	10-33	CALCIIIATED
Triglycerides	225.60	mg/dl	< 150 Normal 150-199 Border 200-499 High >500 Very High Dr. Shoai	b Irfan (MBBS, MD, PDCC)







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Patient Name : Mr.ALOK KUMAR Registered On : 09/Oct/2023 09:28:32 : 34 Y 8 M 1 D /M Collected Age/Gender : 09/Oct/2023 10:50:54 UHID/MR NO : IDCD.0000187474 Received : 09/Oct/2023 11:34:09 Visit ID Reported : 09/Oct/2023 12:42:04 : IDCD0302312324

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	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
Sugai	ADJENT	9111370	0.5-1.0 (++)	DII STICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile P <mark>igment</mark> s	ABSENT			
Urob <mark>ilinogen(1:20 dilution)</mark>	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Othoro	ADCENIT			EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

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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. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	135.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.240	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
. •		0.3-4.5 μIU/r	nL First Trimes	ster
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/r	nL Third Trime	ster
		0.5-8.9 µIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r		z - 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/r		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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)







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Patient Name : Mr.ALOK KUMAR Registered On : 09/Oct/2023 09:28:34

 Age/Gender
 : 34 Y 8 M 1 D /M
 Collected
 : N/A

 UHID/MR NO
 : IDCD.0000187474
 Received
 : N/A

Visit ID : IDCD0302312324 Reported : 09/Oct/2023 15:51:21

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









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DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

• The liver is normal in size, measures ~141.8 mms 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 are 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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SPLEEN

• The spleen is normal in size and has a homogenous echotexture. No focal lesion is seen.

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

• Prostate gland is normal in size & echotexture is homogenous & measures ~ 3.69 x 3.68 x 3.03 cms, weight is 21.58 grams.

IMPRESSION

Grade-I fatty changes liver.

Typed by- roshan

End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG



Dr. Anoop Agarwal 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 365 Days Open





