

# INDRA DIAGNOSTIC CENTRE

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

Ph: 9235432707,

CIN : U85110DL2003PLC308206

|              |  |               |                        |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.VIDUSHI CHOUDHARY                    | Registered On | : 01/Jul/2021 09:35:07 |
| Age/Gender   | : 29 Y O M O D /F                          | Collected     | : 01/Jul/2021 10:12:35 |
| UHID/MR NO   | : CDCA.0000066957                          | Received      | : 01/Jul/2021 10:34:28 |
| Visit ID     | : CDCA0113672122                           | Reported      | : 01/Jul/2021 13:22:39 |
| Ref Doctor   | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status        | : Final Report         |

## DEPARTMENT OF HAEMATOLOGY

| 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) \* , Blood

|             |          |        |            |                         |
|-------------|----------|--------|------------|-------------------------|
| Haemoglobin | 12.60    | g/dl   | 13.5-17.5  | PHOTOMETRIC             |
| TLC (WBC)   | 6,200.00 | /Cu mm | 4000-10000 | MICROSCOPIC EXAMINATION |

#### DLC

|                           |       |   |       |                         |
|---------------------------|-------|---|-------|-------------------------|
| Polymorphs (Neutrophils ) | 47.00 | % | 55-70 | MICROSCOPIC EXAMINATION |
| Lymphocytes               | 44.00 | % | 25-40 | MICROSCOPIC EXAMINATION |
| Monocytes                 | 3.00  | % | 3-5   | MICROSCOPIC EXAMINATION |
| Eosinophils               | 5.00  | % | 1-6   | MICROSCOPIC EXAMINATION |
| Basophils                 | 1.00  | % | < 1   | MICROSCOPIC EXAMINATION |

#### ESR

|           |       |                     |
|-----------|-------|---------------------|
| Observed  | 16.00 | Mm for 1st hr.      |
| Corrected | 12.00 | Mm for 1st hr. < 20 |
| PCV (HCT) | 38.00 | cc % 40-54          |


#### Platelet count

|                |     |            |         |                         |
|----------------|-----|------------|---------|-------------------------|
| Platelet Count | 2.2 | LACS/cu mm | 1.5-4.0 | MICROSCOPIC EXAMINATION |
|----------------|-----|------------|---------|-------------------------|

#### RBC Count

|           |      |             |         |                      |
|-----------|------|-------------|---------|----------------------|
| RBC Count | 4.40 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |
|-----------|------|-------------|---------|----------------------|

#### Blood Indices (MCV, MCH, MCHC)

|      |       |    |        |  |
|------|-------|----|--------|--|
| MCV  | 86.36 | fl | 80-100 | CALCULATED PARAMETER   |
| MCH  | 28.63 | pg | 28-35  | CALCL PARA  |
| MCHC | 33.15 | %  | 30-38  | CALCL PARA Dr. R.K. Khanna (MBBS,DCP)  |



SIN No:51486965

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| Age/Gender   | : 29 Y O M O D /F                          | Collected     | : 01/Jul/2021 14:40:17 |
| UHID/MR NO   | : CDCA.0000066957                          | Received      | : 01/Jul/2021 15:59:29 |
| Visit ID     | : CDCA0113672122                           | Reported      | : 01/Jul/2021 16:31:32 |
| Ref Doctor   | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status        | : Final Report         |

## DEPARTMENT OF BIOCHEMISTRY

| Test Name  | Result | Unit  | Bio. Ref. Interval                                     | Method  |
|--|--------|-------|--|---------|
| <b>Glucose Fasting *</b><br><i>Sample:Plasma</i> | 87.57  | mg/dl | < 100 Normal<br>100-125 Pre-diabetes<br>≥ 126 Diabetes | GOD POD |

### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

|  |        |       |  |         |
|--|--------|-------|--|---------|
| <b>Glucose PP *</b><br><i>Sample:Plasma After Meal</i> | 104.27 | mg/dl | <140 Normal<br>140-199 Pre-diabetes<br>>200 Diabetes | GOD POD |
|--|--------|-------|--|---------|

### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



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



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| Visit ID     | : CDCA0113672122                           | Reported      | : 01/Jul/2021 17:20:38 |
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## DEPARTMENT OF BIOCHEMISTRY

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

### GLYCOSYLATED HAEMOGLOBIN (HbA1C) \*\*, EDTA BLOOD

|                                   |       |               |  |             |
|-----------------------------------|-------|---------------|--|-------------|
| Glycosylated Haemoglobin (HbA1c)  | 5.50  | % NGSP        |  | HPLC (NGSP) |
| Glycosylated Haemoglobin (Hb-A1c) | 37.00 | mmol/mol/IFCC |  |             |
| Estimated Average Glucose (eAG)   | 111   | 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 management.

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.



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## DEPARTMENT OF BIOCHEMISTRY

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

### 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.

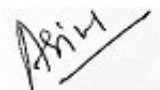
\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency 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.

  
Dr. Anupam Singh  
M.B.B.S.,M.D.(Pathology)



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## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
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### LIVER FUNCTION TEST(LFT) \* , Serum

|   |              |       |            |                   |
|---|--------------|-------|------------|-------------------|
| Bilirubin (Total)                       | 0.42         | mg/dl | 0.3-1.2    | JENDRASSIK & GROF |
| Bilirubin (Direct)                      | 0.18         | mg/dl | < 0.30     | JENDRASSIK & GROF |
| Bilirubin (Indirect)                    | 0.24         | mg/dl | < 0.8      | JENDRASSIK & GROF |
| SGOT / Aspartate Aminotransferase (AST) | <b>42.20</b> | U/L   | < 35       | IFCC WITHOUT P5P  |
| SGPT / Alanine Aminotransferase (ALT)   | 31.60        | U/L   | < 40       | IFCC WITHOUT P5P  |
| Alkaline Phosphatase (Total)            | 45.68        | U/L   | 42.0-165.0 | IFCC METHOD       |
| Protein                                 | 7.17         | gm/dl | 6.2-8.0    | BIRUET            |
| Albumin                                 | 4.30         | gm/dl | 3.8-5.4    | B.C.G.            |
| Globulin                                | 2.87         | gm/dl | 1.8-3.6    | CALCULATED        |
| A:G Ratio                               | 1.50         |       | 1.1-2.0    | CALCULATED        |

### LIPID PROFILE ( MINI ) \* , Serum

|                                    |        |       |   |                  |
|------------------------------------|--------|-------|---|------------------|
| Cholesterol (Total)                | 174.00 | mg/dl | <200 Desirable<br>200-239 Borderline High<br>> 240 High   | CHOD-PAP         |
| HDL Cholesterol (Good Cholesterol) | 33.43  | mg/dl | 30-70   | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol)  | 121    | mg/dl | < 100 Optimal<br>100-129 Nr.<br>Optimal/Above Optimal<br>130-159 Borderline High<br>160-189 High<br>> 190 Very High | CALCULATED       |
| VLDL                               | 19.22  | mg/dl | 10-33   | CALCULATED       |
| Triglycerides                      | 96.10  | mg/dl | < 150 Normal<br>150-199 Borderline High<br>200-499 High<br>>500 Very High   | GPO-PAP          |



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| Visit ID     | : CDCA0113672122                           | Reported      | : 01/Jul/2021 16:16:47 |
| Ref Doctor   | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status        | : Final Report         |

## DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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| Visit ID     | : CDCA0113672122                           | Reported      | : 01/Jul/2021 15:53:06 |
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## DEPARTMENT OF IMMUNOLOGY

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

### THYROID PROFILE - TOTAL \*\* , Serum

|                                   |        |        |             |      |
|-----------------------------------|--------|--------|-------------|------|
| T3, Total (tri-iodothyronine)     | 126.38 | ng/dl  | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine)             | 8.51   | ug/dl  | 3.2-12.6    | CLIA |
| TSH (Thyroid Stimulating Hormone) | 1.20   | μIU/mL | 0.27 - 5.5  | CLIA |

### Interpretation:

|          |        |                        |
|----------|--------|------------------------|
| 0.3-4.5  | μIU/mL | First Trimester        |
| 0.4-4.2  | μIU/mL | Adults 21-54 Years     |
| 0.5-4.6  | μIU/mL | Second Trimester       |
| 0.5-8.9  | μIU/mL | Adults 55-87 Years     |
| 0.7-64   | μIU/mL | Child(21 wk - 20 Yrs.) |
| 0.7-27   | μIU/mL | Premature 28-36 Week   |
| 0.8-5.2  | μIU/mL | Third Trimester        |
| 1-39     | μIU/mL | Child 0-4 Days         |
| 1.7-9.1  | μIU/mL | Child 2-20 Week        |
| 2.3-13.2 | μIU/mL | Cord Blood > 37Week    |

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.

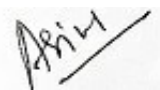
4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

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  
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| Visit ID     | : CDCA0113672122                           | Reported      | : 01/Jul/2021 10:55:25 |
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## DEPARTMENT OF ULTRASOUND

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

#### LIVER

- The liver is normal in size measuring 11.9 cm and has a normal homogenous echotexture. 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. (3.8 mm)
- 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 (11.1 x 3.4 cm)

- 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 (11.3 x 5.5 cm)

- Left kidney is normal in size and shape and cortical echotexture.
- **A 3.1 mm small calculus is noted in mid pole.**
- 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

### SPLEEN

- The spleen is normal in size (9.8 cm) 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.

### UTERUS

- The uterus is anteverted and anteflexed position and is normal in size measures 7.7 x 4.1 x 3.3 cm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. (4.8 mm)
- Cervix is normal.

### UTERINE ADNEXA

- Adnexa on both sides are normal.
- **Right ovary is border line enlarged measures 4.3 x 2.9 x 1.3 cm (Vol- 9.0 cc) and shows multiple small peripherally arranged follicles of 4-9 mm.**
- **Left ovary is border line enlarged measures 4.3 x 2.7 x 1.5 cm (Vol- 9.2 cc) and shows multiple small peripherally arranged follicles of 4-9 mm.**

### CUL-DE-SAC

- Pouch of Douglas is clear.

### IMPRESSION

- **Small left renal calculus.**
- **Sonological feature of polycystic ovarian morphology.**

Recommended: Clinical & Serum LH / FSH correlation



Dr. Vandana Gupta  
MBBS, DMRD, DNB



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## DEPARTMENT OF BIOCHEMISTRY

### RENAL FUNCTION TEST

| Test Name  | Result | Unit                      | Bio. Ref. Interval                   | Method          |
|--|--------|---------------------------|--------------------------------------|-----------------|
| <b>Urea *</b><br><i>Sample:Serum</i>   | 21.62  | mg/dL                     | 15-45                                | UV-GLDH KINETIC |
| <b>Creatinine *</b><br><i>Sample:Serum</i>                                   | 0.71   | mg/dl                     | 0.5-1.2                              | MODIFIED JAFFES |
| <b>e-GFR (Estimated Glomerular Filtration Rate) *</b><br><i>Sample:Serum</i> | 97.00  | ml/min/1.73m <sup>2</sup> | 90-120 Normal<br>- 60-89 Near Normal | CALCULATED      |
| <b>Calcium *</b><br><i>Sample:Serum</i>                                      | 8.72   | mg/dl                     | 8.5-10.2                             | ARSENAZO III    |
| <b>Uric Acid *</b><br><i>Sample:Serum</i>                                    | 2.70   | mg/dl                     | 2.5-6.0                              | URICASE         |
| <b>Sodium *</b><br><i>Sample:Serum</i>                                       | 137.20 | m Mol /L                  | 135-148                              | ISE             |
| <b>Potassium *</b><br><i>Sample:Serum</i>                                    | 3.98   | m Mol /L                  | 3.5-5.3                              | ISE             |



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| Patient Name | : Mrs.VIDUSHI CHOUDHARY                    | Registered On | : 01/Jul/2021 09:35:07 |
| Age/Gender   | : 29 Y O M O D /F                          | Collected     | : 01/Jul/2021 10:12:35 |
| UHID/MR NO   | : CDCA.0000066957                          | Received      | : 01/Jul/2021 12:22:20 |
| Visit ID     | : CDCA0113672122                           | Reported      | : 01/Jul/2021 14:30:37 |
| Ref Doctor   | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status        | : Final Report         |

## DEPARTMENT OF CLINICAL PATHOLOGY

### RENAL FUNCTION TEST

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

#### URINE EXAMINATION, ROUTINE \* , Urine

|                                 |                |      |  |                         |
|---------------------------------|----------------|------|--|-------------------------|
| Color                           | LIGHT YELLOW   |      |  |                         |
| Specific Gravity                | 1.005          |      |  |                         |
| Reaction PH                     | Acidic ( 6.5 ) |      |  | 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         |      |  | DIPSTICK                |
| Bile Salts                      | ABSENT         |      |  |                         |
| Bile Pigments                   | ABSENT         |      |  |                         |
| Urobilinogen(1:20 dilution)     | ABSENT         |      |  |                         |
| <b>Microscopic Examination:</b> |                |      |  |                         |
| Epithelial cells                | OCCASIONAL     |      |  | MICROSCOPIC EXAMINATION |
| Pus cells                       | OCCASIONAL     |      |  | MICROSCOPIC EXAMINATION |
| RBCs                            | ABSENT         |      |  | MICROSCOPIC EXAMINATION |
| Cast                            | ABSENT         |      |  |                         |
| Crystals                        | ABSENT         |      |  | MICROSCOPIC EXAMINATION |
| Others                          | ABSENT         |      |  |                         |
| <b>ABSENT</b>                   |                |      |  |                         |

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

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

Result/s to Follow:

ECG / EKG, X-RAY DIGITAL CHEST PA, GENERAL PHYSICAL EXAM



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

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 Conduction 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



SIN No:51486965