



# INDRA DIAGNOSTIC CENTRE

Add: Kamla Nehru Road, Old Katra, Prayagraj  
Ph: 9235447965, 0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr. ANUBHAV YADAV - PKG10000238	Registered On	: 08/Sep/2021 10:32:44
Age/Gender	: 30 Y 9 M 10 D /M	Collected	: 08/Sep/2021 10:39:28
UHID/MR NO	: ALDP.0000080177	Received	: 08/Sep/2021 11:20:42
Visit ID	: ALDPO168562122	Reported	: 08/Sep/2021 13:37:25
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
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	B
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	14.70	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	8,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

#### DLC

Polymorphs (Neutrophils)	56.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	7.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE

#### ESR

Observed	6.00	Mm for 1st hr.
Corrected	-	Mm for 1st hr. < 9
PCV (HCT)	37.00	cc % 40-54

#### Platelet count

Platelet Count	1.84	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	54.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	4.49	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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## DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	83.10	fL	80-100	CALCULATED PARAMETER
MCH	32.80	pg	28-35	CALCULATED PARAMETER
MCHC	<b>39.50</b>	%	30-38	CALCULATED PARAMETER
RDW-CV	15.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	<b>62.80</b>	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,816.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	<b>602.00</b>	/cu mm	40-440	



  
Dr. Akanksha Singh (MD Pathology)





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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 <i>Sample: Plasma</i>	94.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 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.



  
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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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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	34.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	105	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 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.







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## DEPARTMENT OF BIOCHEMISTRY

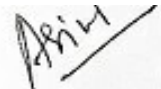
### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### 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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#### BUN (Blood Urea Nitrogen) \*

Sample: Serum

8.40 mg/dL 7.0-23.0 CALCULATED

#### Creatinine

Sample: Serum

1.10 mg/dl 0.7-1.3 MODIFIED JAFFES

#### e-GFR (Estimated Glomerular Filtration Rate)

Sample: Serum

84.00 ml/min/1.73m<sup>2</sup> - 90-120 Normal  
- 60-89 Near Normal  
CALCULATED

#### Uric Acid

Sample: Serum

9.80 mg/dl 3.4-7.0 URICASE

#### L.F.T. (WITH GAMMA GT) \* , Serum

SGOT / Aspartate Aminotransferase (AST)

113.50 U/L < 35 IFCC WITHOUT P5P

SGPT / Alanine Aminotransferase (ALT)

121.60 U/L < 40 IFCC WITHOUT P5P

Gamma GT (GGT)

50.70 IU/L 11-50 OPTIMIZED SZAIZING

Protein

7.90 gm/dl 6.2-8.0 BIRUET

Albumin

4.40 gm/dl 3.8-5.4 B.C.G.

Globulin

3.50 gm/dl 1.8-3.6 CALCULATED

A:G Ratio

1.26 1.1-2.0 CALCULATED

Alkaline Phosphatase (Total)

129.20 U/L 42.0-165.0 IFCC METHOD

Bilirubin (Total)

2.40 mg/dl 0.3-1.2 JENDRASSIK & GROF

Bilirubin (Direct)

1.00 mg/dl < 0.30 JENDRASSIK & GROF

Bilirubin (Indirect)

1.40 mg/dl < 0.8 JENDRASSIK & GROF

Result Rechecked

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

Cholesterol (Total) 212.00 mg/dl <200 Desirable CHOD-PAP  
200-239 Borderline High  
> 240 High

HDL Cholesterol (Good Cholesterol) 31.50 mg/dl 30-70 DIRECT ENZYMATIC

LDL Cholesterol (Bad Cholesterol) 144 mg/dl < 100 Optimal CALCULATED  
100-129 Nr.  
Optimal/Above Optimal  
130-159 Borderline High  
160-189 High  
> 190 Very High

VLDL 36.34 mg/dl 10-33 CALCULATED





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Test Name	Result	Unit	Bio. Ref. Interval	Method
Triglycerides	181.70	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Result Rechecked



*Akanksha*  
Dr. Akanksha Singh (MD Pathology)





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

Color	PALE YELLOW			
Specific Gravity	1.030			
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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

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







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Visit ID	: ALDPO168562122	Reported	: 09/Sep/2021 10:59:30
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## DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \*\* , Serum

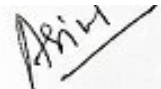
T3, Total (tri-iodothyronine)	132.25	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.95	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.19	μIU/mL	0.27 - 5.5	CLIA

#### 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  
M.B.B.S, M.D. (Pathology)





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## DEPARTMENT OF X-RAY

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

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

#### X-RAY REPORT


(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.
- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**

#### IMPRESSION :



  
DR. ANIL KUMAR  
MD (Radiology)





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## DEPARTMENT OF CARDIAC

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

#### ECG / EKG \*

1. Machnism, Rhythm	Sinus, Regular
2. Atrial Rate	79 /mt
3. Ventricular Rate	79 /mt
4. P - Wave	Normal
5. P R Interval	Normal
6. Q R S	Axis : Normal R/S Ratio : Normal Configuration : Normal
7. Q T c Interval	Normal
8. S - T Segment	Normal
9. T - Wave	Normal

#### FINAL IMPRESSION

ECG Within Normal Limits: Sinus Rhythm, Normal Axis.  
Please correlate clinically



Dr. R K VERMA  
MBBS, PGDGM







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## DEPARTMENT OF ULTRASOUND

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

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

**The liver is mild enlarged in size (16.13 cm), with normal shape and shows diffuse increase in the liver parenchymal echogenicity with patchy attenuation of portal venous walls, suggestive of grade II fatty changes.** No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

Gall bladder is well distended and is normal.

Portal vein and CBD are not dilated.

Pancreas is normal in size, shape and echogenicity.

Spleen is normal in size (11.64 cm), shape and echogenicity.

Right kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.

Right kidney measures : 10.2 x 4.2 cm

Left kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.

Left kidney measures : 10.1 x 4.7 cm

Urinary bladder is partially filled (Patient is unable to hold urine).

The prostate is normal in size (vol - 15.59 cc), shape and echopattern.

No free fluid is seen in the abdomen/pelvis.

**High Resolution USG** - No abnormal bowel wall thickening or bowel loop dilatation is seen. Ileocecal junction and cecum is seen normally. Appendix is not visualized. No mesenteric lymphadenopathy is seen .

#### **IMPRESSION : Mild hepatomegaly with Hepatic steatosis grade II.**

**Please correlate clinically.**

**Note :- Impression is a professional opinion & not a diagnosis ( Not for medico legal purpose). All modern machine / procedures have their limitations. If there is variance clinically this examination may be repeated or re-evaluated by other investigations. Discrepancies due to technical or typing errors should be reported for correction within seven days. No compensation liability stands**

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

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE



DR. ANIL KUMAR  
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

