Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj

Ph: 9235432681,

CIN: U85110DL2003PLC308206

Patient Name : 14/Aug/2021 10:46:30 : Mr.KULDEEP KUMAR RAJWANSHI Registered On Age/Gender : 32 Y O M O D /M Collected : 14/Aug/2021 10:55:36 UHID/MR NO : CALI.0000029029 Received : 14/Aug/2021 13:22:22 Visit ID : CALI0049162122 Reported : 14/Aug/2021 17:28:32 : Dr.Mediwheel - Arcofemi Health Care Ltd. Status Ref Doctor : Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) ** , B	lood			
Blood Group Rh (Anti-D)	AB POSITIVE			
COMPLETE BLOOD COUNT (CBC) ** , E	Blood			
Haemoglobin	13.20	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	5,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
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	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	18.00	Mm for 1st hr		
Corrected	10.00	Mm for 1st hr	. < 9	
PCV (HCT) Platelet count	41.00	cc %	40-54	
Platelet Count	1.80	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	53.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.15	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				IIVII LDAINGE
RBC Count	4.23	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

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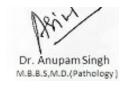
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	95.30	fl	80-100	CALCULATED PARAMETER
MCH	31.20	pg	28-35	CALCULATED PARAMETER
MCHC	32.70	%	30-38	CALCULATED PARAMETER
RDW-CV	13.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	3,472.00 112.00	/cu mm /cu mm	3000-7000 40-440	





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Patient Name	: Mr.KULDEEP KUMAR RAJWANSHI	Registered On	: 14/Aug/2021 10:46:30
Age/Gender	: 32 Y O M O D /M	Collected	: 14/Aug/2021 10:55:36
UHID/MR NO	: CALI.0000029029	Received	: 14/Aug/2021 13:39:24
Visit ID	: CALI0049162122	Reported	: 14/Aug/2021 14:21:53
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	Unit	Bio. Ref. Interva	l Method
Glucose Fasting ** Sample:Plasma	107.10	100	00 Normal 1-125 Pre-diabetes 26 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)	5.50	% 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 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.

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit

Test Name	Result	Unit	Bio. Ref. Interval	Method

^{**}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.

Clinical Implications:

^{*}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	9.00	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.86	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** Sample:Serum	103.10	ml/min/1.73m	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** Sample:Serum	7.56	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) ** , Serum SGOT / Aspartate Aminotransferase (AST)	40.00	U/L	< 35	IFCC WITHOUT P5P

^{*}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 nondiabetic 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:

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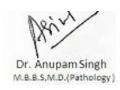
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	U	nit Bio. Ref. Interv	val Method
SGPT / Alanine Aminotransferase (ALT)	39.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	25.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.42	gm/dl	6.2-8.0	BIRUET
Albumin	4.53	gm/dl	3.8-5.4	B.C.G.
Globulin	2.89	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.57		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	93.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.26	mg/dl	0.3-1.2	Jendrassik & Grof
Bilirubin (Direct)	0.65	mg/dl	< 0.30	Jendrassik & Grof
Bilirubin (Indirect)	0.61	mg/dl	< 0.8	Jendrassik & Grof
LIPID PROFILE (MINI) **, Serum				
Cholesterol (Total)	193.00	mg/dl	<200 Desirable 200-239 Borderline Hiç > 240 High	CHOD-PAP gh
HDL Cholesterol (Good Cholesterol)	31.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	130	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL	31.06	mg/dl	10-33	CALCULATED
Triglycerides	155.30	mg/dl	< 150 Normal 150-199 Borderline Hiç 200-499 High >500 Very High	GPO-PAP gh





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Patient Name : 14/Aug/2021 10:46:30 : Mr.KULDEEP KUMAR RAJWANSHI Registered On Age/Gender : 32 Y O M O D /M Collected : 14/Aug/2021 11:30:12 UHID/MR NO : CALI.0000029029 Received : 14/Aug/2021 13:30:26 Visit ID : CALI0049162122 Reported : 14/Aug/2021 15:31:00 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 ** , Ur	ine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
Totom	ADSENT	1119 70	10-40 (+)	DII STION
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
-		-	0.5-1.0 (++)	
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
•				EXAMINATION
Pus cells	2-3/h.p.f			MICROSCOPIC
	·			EXAMINATION
RBCs	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE ** , Urine				
Sugar, Fasting stage	ABSENT	gms%		
		J		
Interpretation:				

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

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da Stadium Road, Aliganj

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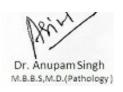
Patient Name : Mr.KULDEEP KUMAR RAJWANSHI Registered On : 14/Aug/2021 10:46:30 Age/Gender : 32 Y O M O D /M Collected : 14/Aug/2021 11:30:12 UHID/MR NO : 14/Aug/2021 13:30:26 : CALI.0000029029 Received Visit ID : CALI0049162122 Reported : 14/Aug/2021 15:31:00 Ref Doctor : Final Report : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

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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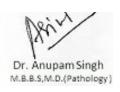
Patient Name : Mr.KULDEEP KUMAR RAJWANSHI : 14/Aug/2021 10:46:30 Registered On Age/Gender : 32 Y O M O D /M Collected : 14/Aug/2021 10:55:36 UHID/MR NO : CALI.0000029029 Received : 14/Aug/2021 13:14:59 Visit ID : CALI0049162122 Reported : 14/Aug/2021 14:10:40 : Dr.Mediwheel - Arcofemi Health Care Ltd. Ref Doctor : Final Report Status

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	129.95	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.35	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.88	μIŪ/mL	0.27 - 5.5	CLIA
Interpretation:				
•		0.3-4.5 μIU/m	L First Trimesto	er
		0.4-4.2 μIU/m	nL Adults	21-54 Years
		0.5-4.6 μIU/m	L Second Trime	ester
		0.5-8.9 μIU/m	nL Adults	55-87 Years
		0.7-64 μIU/m	*	- 20 Yrs.)
		0.7-27 μIU/m		28-36 Week
		0.8-5.2 µIU/m	Third Trimes	ter
		1-39 μIU/n	nL Child	0-4 Days
		1.7-9.1 μIU/m	ıL Child	2-20 Week
		2.3-13.2 μIU/m	L 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.





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Patient Name : Mr.KULDEEP KUMAR RAJWANSHI Registered On : 14/Aug/2021 10:46:31

 Age/Gender
 : 32 Y 0 M 0 D /M
 Collected
 : N/A

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 : N/A

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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

- 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 DIAGNOSTIC ABNORMALITY SEEN.



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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Patient Name : Mr.KULDEEP KUMAR RAJWANSHI Registered On : 14/Aug/2021 10:46:31

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

 The liver is normal in size measures 13.8 cm and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- · Common duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

The pancreas is normal in size and shape and has a normal homogenous echotexture.
 Pancreatic duct is not dilated.

KIDNEYS

- Right kidney is normal in size, position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size, position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus is seen

PROSTATE

• The prostate gland is normal in size measures 2.9 x 3.2 x 3.8 cms (Volume - 19.2 gms) with

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

smooth outline.

FINAL IMPRESSION

• NO SIGNIFICANT ABNORMALITY SEEN IN PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

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



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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