Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.AKASHDIP DUTTA-PKG10000238 Registered On : 28/Aug/2022 09:16:35

 Age/Gender
 : 31 Y 4 M 16 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000101684
 Received
 : N/A

Visit ID : ALDP0133112223 Reported : 28/Aug/2022 14: 22: 53

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

# **DEPARTMENT OF CARDIOLOGY-ECG**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG \*

**1. Machnism, Rhythm** Sinus, Regular

2. Atrial Rate 59 /mt

3. Ventricular Rate 59 /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 Bradycardia. Please correlate clinically



Dr. R K VERMA MBBS, PGDGM

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Patient Name : 28/Aug/2022 09:16:34 : Mr.AKASHDIP DUTTA-PKG10000238 Registered On Age/Gender : 31 Y 4 M 16 D /M Collected : 28/Aug/2022 09: 28: 40 UHID/MR NO : ALDP.0000101684 Received : 28/Aug/2022 09:58:57 Visit ID : ALDP0133112223 Reported : 28/Aug/2022 12:30:42 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

# **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) * , Blood				
	0			
Blood Group Rh ( Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , Whole Bloo	d			
Haemoglobin	14.20	g/dl	1 Day- 14.5-22.5 g/dl	
паеттодювіт	14.20	y/ui	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)	5,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils )	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	42.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.		
PCV (HCT)	38.00	cc %	40-54	
Platelet count				
Platelet Count	1.20	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	63.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.18	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)  RBC Count	16.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	4.61	Mill./cu mm	4.2-5.5	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
Blood Indices (MCV, MCH, MCHC)				
MCV	83.40	fl	80-100	CALCULATED PARAMETER
MCH	30.90	pg	28-35	CALCULATED PARAMETER
MCHC	37.10	%	30-38	CALCULATED PARAMETER
RDW-CV	11.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,600.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	260.00	/cu mm	40-440	



Dr. Akanksha Singh (MD Pathology)

Add: Kamla Nehru Road, Old Katra, Prayagraj

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Patient Name : Mr.AKASHDIP DUTTA-PKG10000238 Registered On : 28/Aug/2022 09:16:34 Collected : 28/Aug/2022 13:27:19 Age/Gender : 31 Y 4 M 16 D /M UHID/MR NO : ALDP.0000101684 Received : 28/Aug/2022 13:37:19 Visit ID : ALDP0133112223 Reported : 28/Aug/2022 13:59:52 Ref Doctor Status : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report

# **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	87.30	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.

Glucose PP *	112.70	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal		•	140-199 Pre-diabetes	
			>200 Diabetes	

### **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. Akanksha Singh (MD Pathology)

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.AKASHDIP DUTTA-PKG10000238 Registered On : 28/Aug/2022 09:16:34 Age/Gender Collected : 28/Aug/2022 09: 28: 40 : 31 Y 4 M 16 D /M UHID/MR NO : ALDP.0000101684 Received : 29/Aug/2022 11: 26: 50 Visit ID Reported : ALDP0133112223 : 29/Aug/2022 13:25:40 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

# **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method

# 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)	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 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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

<sup>\*\*</sup>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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Patient Name : Mr.AKASHDIP DUTTA-PKG10000238 : 28/Aug/2022 09:16:34 Registered On Age/Gender : 31 Y 4 M 16 D /M Collected : 28/Aug/2022 09:28:40 UHID/MR NO : ALDP.0000101684 Received : 29/Aug/2022 11: 26: 50 Visit ID : ALDP0133112223 Reported : 29/Aug/2022 13: 25: 40 Ref Doctor : Final Report : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name Result Unit Bio. Ref. Interval Method

# **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.





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# **DEPARTMENT OF BIOCHEMISTRY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

IVIEDIWHEEL BAINK OF BAKODA WALE & FEWALE BELOW 40 1K2					
Test Name	Result	Unit	Bio. Ref. Interval	Method	
BUN (Blood Urea Nitrogen) * Sample:Serum	9.01	mg/dL	7.0-23.0	CALCULATED	
Creatinine * Sample:Serum	0.90	mg/dl	0.5-1.3	MODIFIED JAFFES	
Uric Acid * Sample:Serum	4.79	mg/dl	2.5-6.0	URICASE	
LFT (WITH GAMMA GT) * , Serum					
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect)	33.10 44.20 15.00 6.30 4.50 1.80 2.50 135.50 1.00 0.30 0.70	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF	
Cholesterol (Total)	153.00	mg/dl	<200 Desirable 200-239 Borderline Hi > 240 High	CHOD-PAP gh	
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	38.80 73	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High		
	41.22 206.10	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline 200-499 High >500 Very High	Akanksha Singh (MD Pathology)	

Add: Kamla Nehru Road, Old Katra, Prayagraj

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Patient Name : 28/Aug/2022 09:16:34 : Mr.AKASHDIP DUTTA-PKG10000238 Registered On Age/Gender : 31 Y 4 M 16 D /M Collected : 28/Aug/2022 13:32:59 UHID/MR NO : ALDP.0000101684 Received : 28/Aug/2022 13:37:19 Visit ID : ALDP0133112223 Reported : 28/Aug/2022 13:43:24 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 * , &	Jrine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
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	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	-		
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC
_				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Others	ABSENT			EXAMINATION
Urine Microscopy is done on centrifuged	urine sediment.			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

# **Interpretation:**

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

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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

(++++) > 2

**SUGAR, PP STAGE \***, Urine

Sugar, PP Stage ABSENT

**Interpretation:** 

 $(+) \qquad <0.5~gms\%$ 

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%



Dr. Akanksha Singh (MD Pathology)

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Patient Name : Mr.AKASHDIP DUTTA-PKG10000238 : 28/Aug/2022 09:16:34 Registered On : 28/Aug/2022 09:28:40 Age/Gender Collected : 31 Y 4 M 16 D /M UHID/MR NO : ALDP.0000101684 Received : 29/Aug/2022 09:01:45 Visit ID : ALDP0133112223 Reported : 29/Aug/2022 11:26:59 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 B	io. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	125.63	ng/dl 8	4.61–201.7	CLIA
T4, Total (Thyroxine)	9.35	ŭ	.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.70	μIU/mL 0	.27 - 5.5	CLIA
Interpretation:				
•		0.3-4.5 μIU/mL	First Trimest	er
		$0.5$ - $4.6$ $\mu$ IU/mL	Second Trime	ester
		0.8-5.2 µIU/mL	Third Trimes	ter
		0.5-8.9 $\mu IU/mL$		55-87 Years
		0.7-27 µIU/mL		28-36 Week
		2.3-13.2 μIU/mL		
		0.7-64 μIU/mL	`	
		1-39 μIU/ml 1.7-9.1 μIU/mL		0-4 Days 2-20 Week
		1./-9.1 μ1U/IIIL	Cilia	Z-ZU 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.





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

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Visit ID : ALDP0133112223 Reported : 28/Aug/2022 12:38:23

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 \*

# X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.



Dr Nidhikant (MBBS, DMRD, DNB)

Widhirant.

Add: Kamla Nehru Road, Old Katra, Prayagraj

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Visit ID : ALDP0133112223 Reported : 28/Aug/2022 10:07:04

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#### **DEPARTMENT OF ULTRASOUND**

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

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

LIVER: - Normal in size (14.4 cm), shape and shows diffuse increase in the liver parenchymal echogenicity suggestive of grade I fatty changes. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

**GALL BLADDER**: Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**CBD**:- Normal in calibre at porta.

**PORTAL VEIN**: - Normal in calibre and colour uptake at porta.

**PANCREAS:** - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

**SPLEEN**: - Normal in size, shape and echogenicity.

**RIGHT KIDNEY**: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER:** Normal in shape, outline and distension. No e/o wall thickening / calculus.

**PROSTATE:** Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

**IMPRESSION**: Grade I fatty liver.

Please correlate clinically

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

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

Result/s to Follow:

Add: Kamla Nehru Road, Old Katra, Prayagraj

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# **DEPARTMENT OF ULTRASOUND**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

STOOL, ROUTINE EXAMINATION



Hidlikant.

Dr Nidhikant (MBBS, DMRD, DNB)

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