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

Ph: 9235432707,

CIN: U85110DL2003PLC308206

Patient Name : Mr.PRASHANT SHUKLA Registered On : 11/Sep/2021 09:09:59 Age/Gender Collected : 11/Sep/2021 09:23:35 : 29 Y 2 M 7 D /M UHID/MR NO : 11/Sep/2021 09:55:21 : CDCA.0000071313 Received Visit ID : CDCA0171502122 Reported : 11/Sep/2021 14:31:46 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) * , Blood				
Blood Group	В			
Rh ( Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin	13.30	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	6,600.00	/Cu mm	4000-10000	ELECTRONIC
	.,			IMPEDANCE
DLC				
Polymorphs (Neutrophils )	58.00	%	55-70	ELECTRONIC
Lymphagytag	25.00	%	25.40	IMPEDANCE ELECTRONIC
Lymphocytes	35.00	70	25-40	IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC
				IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC
		•	_	IMPEDANCE
Basophils	1.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				IIVIPEDANCE
Observed	6.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.		
PCV (HCT)	42.00	cc %	40-54	
Platelet count				
Platelet Count	1.8	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC
D.I.CD (Diatolat Large Call Datia)	NR	%	35-60	IMPEDANCE ELECTRONIC
P-LCR (Platelet Large Cell Ratio)	INK	70	33-00	IMPEDANCE
PCT (Platelet Hematocrit)	0.18	%	0.108-0.282	ELECTRONIC
, , , , , , , , , , , , , , , , , , , ,				IMPEDANCE
MPV (Mean Platelet Volume)	9.80	fL	6.5-12.0	ELECTRONIC
PP0 0				IMPEDANCE
RBC Count				
RBC Count	4.50	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	91.90	fl	80-100	CALCULATED PARAMETER
MCH	28.70	pg	28-35	CALCULATED PARAMETER
MCHC	31.20	%	30-38	CALCULATED PARAMETER
RDW-CV	15.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	54.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	3,828.00 132.00	/cu mm /cu mm	3000-7000 40-440	



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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 * Sample:Plasma	102.07	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.



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Patient Name : Mr.PRASHANT SHUKLA : 11/Sep/2021 09:10:00 Registered On Age/Gender : 29 Y 2 M 7 D /M Collected : 11/Sep/2021 09:23:35 UHID/MR NO : CDCA.0000071313 Received : 11/Sep/2021 16:04:34 Visit ID : CDCA0171502122 Reported : 11/Sep/2021 17:18:58 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. Interval	Method

## 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 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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#### **DEPARTMENT OF BIOCHEMISTRY**

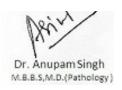
#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	10.10	mg/dL	7.0-23.0	CALCULATED
Creatinine *	0.96	mg/dl	0.7-1.3	MODIFIED JAFFES
Sample:Serum e-GFR (Estimated Glomerular Filtration Rate) * Sample:Serum	92.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid * Sample:Serum	7.80	mg/dl	3.4-7.0	URICASE
L.F.T.(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)  LIPID PROFILE ( MINI ) * , Serum Cholesterol (Total)	29.80 23.10 19.18 6.68 4.27 2.41 1.77 134.78 0.36 0.19 0.17	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
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)  VLDL Triglycerides	29.74 123 18.66 93.30	mg/dl mg/dl mg/dl mg/dl	200-239 Borderline High > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline High	DIRECT ENZYMATIC CALCULATED  CALCULATED GPO-PAP



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### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name Result Unit Bio. Ref. Interval Method

200-499 High >500 Very High



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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
URINE EXAMINATION, ROUTINE * , U	rine			
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)  Microscopic Examination:	ABSENT			
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				

### **Interpretation:**

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2



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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



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

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Patient Name : 11/Sep/2021 09:10:00 : Mr.PRASHANT SHUKLA Registered On Age/Gender : 29 Y 2 M 7 D /M Collected : 11/Sep/2021 09:23:35 UHID/MR NO : CDCA.0000071313 Received : 11/Sep/2021 15:51:30 Visit ID : CDCA0171502122 Reported : 11/Sep/2021 16:25:09 Ref Doctor : Final Report : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

## **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	125.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.35	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.13	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
r		0.3-4.5 μIU/n	nL First Trimes	ter
		0.4-4.2 μIU/n	nL Adults	21-54 Years
		0.5-4.6 $\mu IU/n$		nester
		0.5-8.9 $\mu IU/n$		55-87 Years
		0.7-64 μIU/m		· · · · · · · · · · · · · · · · · · ·
		0.7-27 $\mu IU/n$		28-36 Week
		0.8-5.2 µIU/n		
		1-39 μIU/n		0-4 Days
		1.7-9.1 μIU/n		2-20 Week
		2.3-13.2 $\mu IU/m$	nL 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.

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

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, X-RAY DIGITAL CHEST PA, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



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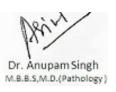
Patient Name : Mr.PRASHANT SHUKLA : 11/Sep/2021 09:10:00 Registered On Age/Gender : 29 Y 2 M 7 D /M Collected : 11/Sep/2021 09:23:35 UHID/MR NO : CDCA.0000071313 Received : 11/Sep/2021 15:51:30 Visit ID : CDCA0171502122 Reported : 11/Sep/2021 16:25:09 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

#### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name Result Unit Bio. Ref. Interval Method





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

