

Test Name

INDRA DIAGNOSTIC CENTRE

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Method

Patient Name : Mrs.POOJA NAGAR Registered On : 28/Aug/2021 10:57:12 Age/Gender Collected : 28/Aug/2021 11:14:01 : 37 Y O M O D /F UHID/MR NO : CDCA.0000070515 Received : 28/Aug/2021 11:36:05 Visit ID Reported : 28/Aug/2021 14:47:58 : CDCA0160842122

Result

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

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit

Bio. Ref. Interval

1 oot Hamo	Hoodit	0	Dioi iton into va	ou
Blood Group (ABO & Rh typing) *, Blood				
Blood Group	В			
Rh (Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin	12.80	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	8,800.00	/Cu mm	4000-10000	ELECTRONIC
				IMPEDANCE
DLC				
Polymorphs (Neutrophils)	72.00	%	55-70	ELECTRONIC
				IMPEDANCE
Lymphocytes	20.00	%	25-40	ELECTRONIC
Monocytes	3.00	%	3-5	IMPEDANCE ELECTRONIC
Monocytes	3.00	/0	3-3	IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC
			1	IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC
				IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.		
PCV (HCT)	40.00	cc %	40-54	
Platelet count				
Platelet Count	1.7	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC
D 1 0 D (D1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60	ELECTRONIC
				IMPEDANCE



RBC Count

PCT (Platelet Hematocrit)

MPV (Mean Platelet Volume)



ELECTRONIC IMPEDANCE

ELECTRONIC IMPEDANCE

ELECTRONIC IMPEDANCE

0.22

12.50

4.40

%

fL

Mill./cu mm 3.7-5.0

0.108-0.282

6.5-12.0



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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	89.80	fl	80-100	CALCULATED PARAMETER
MCH	27.40	pg	28-35	CALCULATED PARAMETER
MCHC	30.60	, %	30-38	CALCULATED PARAMETER
RDW-CV	15.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	6,336.00 440.00	/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	109.01	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 *	164.09	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.
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit Die Def Interval

SP HPLC (NGSP)
I/IFCC

mg/dl

Interpretation:

Toot Nome

NOTE:-

Estimated Average Glucose (eAG)

- 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.

105

 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.

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





^{**}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

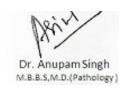
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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	16.38	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.21	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) * Sample:Serum	50.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid * Sample:Serum	6.90	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	31.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	27.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	18.64	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.13	gm/dl	6.2-8.0	BIRUET
Albumin	4.40	gm/dl	3.8-5.4	B.C.G.
Globulin	2.73	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.61	9	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	85.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.53	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.25	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.28	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	148.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	28.69	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	97	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal	CALCULATED
			130-159 Borderline High 160-189 High > 190 Very High	1
VLDL	22.12	mg/dl	10-33	CALCULATED
Triglycerides	110.60	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP







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: 28/Aug/2021 10:57:13

: CDCA0160842122 Reporte : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : 28/Aug/2021 13:15:11

mi Health Care Ltd. Status : Final Report

Registered On

DEPARTMENT OF BIOCHEMISTRY

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Test Name Result Unit Bio. Ref. Interval Method

200-499 High >500 Very High











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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
URINE EXAMINATION, ROUTINE *	, Urine			
Color Specific Gravity Reaction PH Protein	YELLOW 1.005 Acidic (6.5) ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK DIPSTICK
			40-200 (++) 200-500 (+++) > 500 (++++)	
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		1	
Epithelial cells	FEW			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:

(+) < 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

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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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	135.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.36	•	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.70	•	0.27 - 5.5	CLIA
•				
Interpretation:		•		
		0.3-4.5 μIU/m	L First Trime	ster
		0.4-4.2 μIU/m	L Adults	21-54 Years
		0.5-4.6 μIU/m	L Second Tri	mester
		0.5-8.9 μIU/m	L Adults	55-87 Years
		0.7-64 μIU/m	L Child(21 wl	k - 20 Yrs.)
		0.7-27 $\mu IU/m$	L Premature	28-36 Week
		0.8-5.2 µIU/m	L Third Trime	ester
		1-39 μIU/m	L Child	0-4 Days
		1.7-9.1 μIU/m	L 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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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)

CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Angles and hemidiaphragm are obscured on left, clear on right.
- Trachea, cardiac shadow and mediastinum are significantly shifted to left.
- Extensive homogenous density with volume loss is noted involving left hemithorax.
- · Linear fibrosis seen in right mid zone.

IMPRESSION:

- Extensive homogenous density with volume loss left hemithorax.
- · Significant mediastinal shift to left.
- · Linear fibrosis right mid zone.











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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

• The liver is normal in size 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.
- 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

- 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

- Left kidney is normal in size and shape and cortical echotexture.
- 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.

SPLEEN







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DEPARTMENT OF ULTRASOUND

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The spleen is normal in size 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.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- Cervix is normal.

UTERINE ADNEXA

- Adnexa on both sides are normal.
- Both the ovaries are normal in size.

CUL-DE-SAC

Pouch of Douglas is clear.

IMPRESSION

No significant sonological abnormality is seen on this study.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Anoop Agarwal MBBS,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 *

*Facilities Available at Select Location





