



CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973, 05278-223647
CIN : U85110DL2003PLC308206



| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mr. KUNAL KUMAR KESHRI | Registered On | : 05/Sep/2021 10:08:09 |
| Age/Gender | : 32 Y 10 M 24 D /M | Collected | : 05/Sep/2021 10:15:57 |
| UHID/MR NO | : CHFD.0000162567 | Received | : 05/Sep/2021 10:39:44 |
| Visit ID | : CHFD0256652122 | Reported | : 05/Sep/2021 13:46:42 |
| Ref Doctor | : Dr. Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) * , Blood

| | |
|-------------|----------|
| Blood Group | O |
| Rh (Anti-D) | POSITIVE |

COMPLETE BLOOD COUNT (CBC) * , Blood

| | | | | |
|-------------|----------|--------|------------|----------------------|
| Haemoglobin | 7.80 | g/dl | 13.5-17.5 | PHOTOMETRIC |
| TLC (WBC) | 8,200.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |

DLC

| | | | | |
|--------------------------|-------|---|-------|----------------------|
| Polymorphs (Neutrophils) | 54.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 42.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 1.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 3.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | < 1 | ELECTRONIC IMPEDANCE |

ESR

| | | |
|-----------|-------|--------------------|
| Observed | 14.00 | Mm for 1st hr. |
| Corrected | 4.00 | Mm for 1st hr. < 9 |
| PCV (HCT) | 28.50 | cc % 40-54 |

Platelet count

| | | | | |
|-----------------------------------|-------|------------|-------------|----------------------|
| Platelet Count | 1.88 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE |
| PDW (Platelet Distribution width) | 15.40 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 48.10 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.23 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 12.20 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |

RBC Count

| | | | | |
|-----------|------|-------------|---------|----------------------|
| RBC Count | 4.00 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |
|-----------|------|-------------|---------|----------------------|





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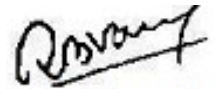


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DEPARTMENT OF HAEMATOLOGY

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| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 71.30 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 19.50 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 27.50 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 18.00 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 48.30 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 4,428.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 246.00 | /cu mm | 40-440 | |




Dr. R. B. Varshney
M.D. Pathology





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| Age/Gender | : 32 Y 10 M 24 D /M | Collected | : 05/Sep/2021 14:46:15 |
| UHID/MR NO | : CHFD.0000162567 | Received | : 05/Sep/2021 17:58:40 |
| Visit ID | : CHFD0256652122 | Reported | : 05/Sep/2021 18:39:52 |
| Ref Doctor | : Dr. Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|---------------|-------|--|---------|
| Glucose Fasting ** <i>Sample: Plasma</i> | 243.09 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |

Interpretation:

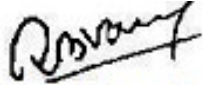
- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

| | | | | |
|--|---------------|-------|--|---------|
| Glucose PP ** <i>Sample: Plasma After Meal</i> | 349.47 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 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.
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| UHID/MR NO | : CHFD.0000162567 | Received | : 06/Sep/2021 12:49:07 |
| Visit ID | : CHFD0256652122 | Reported | : 06/Sep/2021 14:38:53 |
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DEPARTMENT OF BIOCHEMISTRY

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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

| | | | | |
|-----------------------------------|-------|---------------|--|-------------|
| Glycosylated Haemoglobin (HbA1c) | 10.00 | % NGSP | | HPLC (NGSP) |
| Glycosylated Haemoglobin (Hb-A1c) | 86.00 | mmol/mol/IFCC | | |
| Estimated Average Glucose (eAG) | 240 | 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 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.





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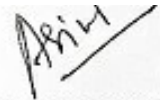
DEPARTMENT OF BIOCHEMISTRY

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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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| Visit ID | : CHFD0256652122 | Reported | : 05/Sep/2021 12:19:55 |
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DEPARTMENT OF BIOCHEMISTRY

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|--|--------------|---------------------------|---|-------------------|
| BUN (Blood Urea Nitrogen) ** <i>Sample: Serum</i> | 7.80 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine ** <i>Sample: Serum</i> | 1.14 | mg/dl | 0.7-1.3 | MODIFIED JAFFES |
| e-GFR (Estimated Glomerular Filtration Rate) ** <i>Sample: Serum</i> | 84.60 | ml/min/1.73m ² | 90-120 Normal - 60-89 Near Normal | CALCULATED |
| Uric Acid ** <i>Sample: Serum</i> | 6.10 | mg/dl | 3.4-7.0 | URICASE |
| L.F.T. (WITH GAMMA GT) ** , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 98.30 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 77.80 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 33.50 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 7.20 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.32 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 2.88 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.50 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 128.22 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.74 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.42 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.32 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| LIPID PROFILE (MINI) ** , Serum | | | | |
| Cholesterol (Total) | 151.30 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 33.50 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 88 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 29.32 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 146.60 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High | GPO-PAP |





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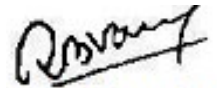
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DEPARTMENT OF BIOCHEMISTRY

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>500 Very High




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M.D. Pathology





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| Age/Gender | : 32 Y 10 M 24 D /M | Collected | : 05/Sep/2021 15:13:39 |
| UHID/MR NO | : CHFD.0000162567 | Received | : 05/Sep/2021 17:33:59 |
| Visit ID | : CHFD0256652122 | Reported | : 05/Sep/2021 19:15:09 |
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DEPARTMENT OF CLINICAL PATHOLOGY

| 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 | | | |
| Microscopic Examination: | | | | |
| Epithelial cells | OCCASIONAL | | | MICROSCOPIC EXAMINATION |
| Pus cells | ABSENT | | | 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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| UHID/MR NO | : CHFD.0000162567 | Received | : 06/Sep/2021 12:32:18 |
| Visit ID | : CHFD0256652122 | Reported | : 06/Sep/2021 14:04:18 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF IMMUNOLOGY

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

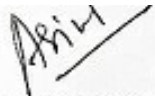
| | | | | |
|-----------------------------------|--------------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 62.65 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 8.60 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 74.73 | μIU/mL | 0.27 - 5.5 | CLIA |

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.




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DEPARTMENT OF X-RAY

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL 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.

IMPRESSION : N O R M A L S K I A G R A M



Mamanda Singh
MD Radiodiagnosis





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DEPARTMENT OF ULTRASOUND

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- Liver is enlarged in size 15.22cm and shows diffuse increase in echogenicity s/o fatty liver grade-I. No obvious 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.

GREAT VESSELS

- Great vessels are normal.

KIDNEYS

- Both the kidneys are normal in size and cortical echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

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

LYMPH NODES

- No pre- or para - aortic lymph node mass is seen.

RETROPERITONEUM

- Retroperitoneum is free.

ILIAC FOSSAE & PERITONEUM

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





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| Visit ID | : CHFD0256652122 | Reported | : 05/Sep/2021 10:58:59 |
| Ref Doctor | : Dr. Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF ULTRASOUND

URETERS

- The upper parts of both the ureters are normal.
- The vesico - ureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

PROSTATE

- The prostate gland is normal in texture with smooth outline.

FINAL IMPRESSION

- MILD HEPATOMEGALY WITH GRADE-I FATTY LIVER.
- GAS FILLED BOWEL LOOPS.

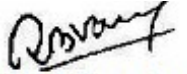
Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
ECG / EKG, STOOL R/M




Dr. R. B. Varshney
Ultrasonologist

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 Conduction 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

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Home Sample Collection
1800-419-0002

Mar. 2018