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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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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

CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235400973,05278-223647
CIN : U85110DL2003PLC308206

Patient Name	: Mr.KUNAL KUMAR KESHRI	Registered On	: 05/Sep/2021 10:08:08
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 ** *Sample:Plasma*	**243.09**	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 ** *Sample:Plasma After Meal*	**349.47**	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.

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

Patient Name	: Mr.KUNAL KUMAR KESHRI	Registered On	: 05/Sep/2021 10:08:08
Age/Gender	: 32 Y 10 M 24 D /M	Collected	: 05/Sep/2021 10:15:57
UHID/MR NO	: CHFD.0000162567	Received	: 06/Sep/2021 12:49:07
Visit ID	: CHFD0256652122	Reported	: 06/Sep/2021 14:38:53
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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 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.
**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

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.

Dr. Anupam Singh
M.B.B.S,M.D.(Pathology)

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UHID/MR NO	: CHFD.0000162567	Received	: 05/Sep/2021 11:21:20
Visit ID	: CHFD0256652122	Reported	: 05/Sep/2021 12:19:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) ** *Sample:Serum*	7.80	mg/dL	7.0-23.0	CALCULATED
Creatinine ** *Sample:Serum*	1.14	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** *Sample:Serum*	84.60	ml/min/1.73m2	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** *Sample:Serum*	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
			>500 Very High	

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

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

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method

SUGAR, PP STAGE * , *Urine*

Sugar, PP Stage	PRESENT IN TRACES			

Interpretation:

(+) < 0.5 gms%
(++) 0.5-1.0 gms%
(+++) 1-2 gms%
(++++) > 2 gms%

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M.D. Pathology

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Age/Gender	: 32 Y 10 M 24 D /M	Collected	: 05/Sep/2021 10:15:57
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
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.

Dr. Anupam Singh
M.B.B.S,M.D.(Pathology)

Patient Name	: Mr.KUNAL KUMAR KESHRI	Registered On	: 05/Sep/2021 10:08:09
Age/Gender	: 32 Y 10 M 24 D /M	Collected	: N/A
UHID/MR NO	: CHFD.0000162567	Received	: N/A
Visit ID	: CHFD0256652122	Reported	: 06/Sep/2021 11:10:21
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

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

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 echogenecity 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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DEPARTMENT OF ULTRASOUND

URETERS

- The upper parts of both the ureters are normal.
- Thevesico - 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