CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex,Near K.V.M Public School Heera Nagar,Haldwani
Ph: 7705023379,-
CIN : U85110DL2003PLC308206

Patient Name	: Mrs.POONAM AGRAWAL058268	Registered On	: 27/Mar/2022 09:15:56
Age/Gender	: 50 Y 0 M 19 D /F	Collected	: 27/Mar/2022 09:37:51
UHID/MR NO	: CHL2.0000101092	Received	: 27/Mar/2022 11:05:05
Visit ID	: CHL20333192122	Reported	: 27/Mar/2022 15:10:47
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	14.50	g/dl	1 Day- 14.5-22.5 g/dl 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)	**10,250.00**	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	66.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	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	10.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 20	
PCV (HCT)	45.00	cc %	40-54	
Platelet count				
Platelet Count	2.3	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	46.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	**0.29**	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	**12.80**	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.00	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	91.20	fl	80-100	CALCULATED PARAMETER
MCH	29.00	pg	28-35	CALCULATED PARAMETER
MCHC	31.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,765.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	**512.00**	/cu mm	40-440	

Dr. Sakshi Garg Tayal (MBBS, MD Pathology PDCC Oncopathology)

CHANDAN DIAGNOSTIC CENTRE

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Visit ID	: CHL20333192122	Reported	: 27/Mar/2022 17:18:13
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING ** , *Plasma*				
Glucose Fasting	**131.98**	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*	181.06	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 Vinod Ojha
MD Pathologist

Patient Name	: Mrs.POONAM AGRAWAL058268	Registered On	: 27/Mar/2022 09:15:56
Age/Gender	: 50 Y 0 M 19 D /F	Collected	: 27/Mar/2022 09:37:51
UHID/MR NO	: CHL2.0000101092	Received	: 28/Mar/2022 12:25:33
Visit ID	: CHL20333192122	Reported	: 28/Mar/2022 13:40:41
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)	6.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	48.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	140	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) ** *Sample:Serum*	10.25	mg/dL	7.0-23.0	CALCULATED
Creatinine ** *Sample:Serum*	0.70	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** *Sample:Serum*	101.00	ml/min/1.73m2	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** *Sample:Serum*	6.00	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) ** , *Serum*				
SGOT / Aspartate Aminotransferase (AST)	34.43	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	**47.46**	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	36.50	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.79	gm/dl	6.2-8.0	BIRUET
Albumin	4.86	gm/dl	3.8-5.4	B.C.G.
Globulin	1.93	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	**2.52**		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	54.62	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.72	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.24	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.48	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , *Serum*				
Cholesterol (Total)	**265.12**	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	32.56	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	179	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	**53.98**	mg/dl	10-33	CALCULATED
Triglycerides	269.90	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 Vinod Ojha
MD Pathologist

Patient Name	: Mrs.POONAM AGRAWAL058268	Registered On	: 27/Mar/2022 09:15:56
Age/Gender	: 50 Y 0 M 19 D /F	Collected	: 27/Mar/2022 09:47:17
UHID/MR NO	: CHL2.0000101092	Received	: 27/Mar/2022 11:45:14
Visit ID	: CHL20333192122	Reported	: 27/Mar/2022 15:20:08
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	1.015			
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	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	OCCASIONAL			MICROSCOPIC EXAMINATION
Cast	NIL			
Crystals	NIL			MICROSCOPIC EXAMINATION
Others	NIL			

Dr. Sakshi Garg Tayal (MBBS, MD Pathology PDCC Oncopathology)

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UHID/MR NO	: CHL2.0000101092	Received	: 27/Mar/2022 16:08:03
Visit ID	: CHL20333192122	Reported	: 28/Mar/2022 14:34:42
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method

STOOL R/M ** , *Stool*

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Fungal element	ABSENT
Others	ABSENT

SUGAR, FASTING STAGE ** , *Urine*

Sugar, Fasting stage	ABSENT	gms%

Interpretation:

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

SUGAR, PP STAGE ** , *Urine*

Sugar, PP Stage	ABSENT

Interpretation:

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

Dr. Sakshi Garg Tayal (MBBS, MD Pathology PDCC Oncopathology)

CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CHL2.0000101092	Received	: 27/Mar/2022 11:05:05
Visit ID	: CHL20333192122	Reported	: 27/Mar/2022 17:12:43
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)	123.79	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.95	µIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	µIU/mL	First Trimester	
0.5-4.6	µIU/mL	Second Trimester	
0.8-5.2	µIU/mL	Third Trimester	
0.5-8.9	µIU/mL	Adults	55-87 Years
0.7-27	µIU/mL	Premature	28-36 Week
2.3-13.2	µIU/mL	Cord Blood	> 37Week
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)	
1-39	µIU/mL	Child	0-4 Days
1.7-9.1	µIU/mL	Child	2-20 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.

Dr Vinod Ojha
MD Pathologist

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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:-

- Trachea is central in position.
- Bilateral hilar shadows are normal.
- Bilateral lung fields appear grossly unremarkable.
- Pulmonary vascularity & distribution are normal.
- Cardiac size & contours are normal.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Bony cage is normal.
- Soft tissue shadow appears normal.

IMPRESSION:- ***NORMAL SKIAGRAM IN PRESENT SCAN.***

(Adv: - Clinico-pathological correlation and further evaluation).

Dr.Mohit Tayal (Md Radiodiagnosis)
(PDCC Interventional Radiology)
Formerly at : AIIMS RISHIKESH,
SMIH DEHRADUN,
STH HALDWANI

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DEPARTMENT OF ULTRASOUND

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- ***The liver is moderately enlarged in size (~18.2 cms in longitudinal span) its echogenicity is homogeneously increased***. No focal lesion is seen. (Note:- Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile 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.

KIDNEYS

- **Right kidney:-**
  - Right kidney is normal in size, measuring ~10.7x4.0 cms.
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.

- **Left kidney:-**
  - Left kidney is normal in size, measuring ~10x4.1 cms.
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.

SPLEEN

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DEPARTMENT OF ULTRASOUND

- ***The spleen is mildly enlarged in size (~12 cms)*** and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

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

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

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

UTERUS & CERVIX

- ***The uterus is not visualized---post hysterectomy status.***

ADNEXA & OVARIES

- Right ovary is normal in size and echotexture, measuring ~3.2x2.0x1.5 cm & 5.2 cc in vol. No pelvic mass cyst or collection is seen.
- ***Left ovary is not visualized----status post left salpingo-oophorectomy.***

FINAL IMPRESSION:-

--Moderate hepatomegaly with Grade I fatty liver (Adv: LFT Correlation).

--Mild splenomegaly.

Adv : Clinico-pathological-correlation /further evaluation & Follow up

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

Result/s to Follow:
ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION

Dr.Navneet Kumar (MD Radiodiagnosis)

CHANDAN DIAGNOSTIC CENTRE

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Age/Gender	: 50 Y 0 M 19 D /F	Collected	: N/A
UHID/MR NO	: CHL2.0000101092	Received	: N/A
Visit ID	: CHL20333522122	Reported	: 27/Mar/2022 11:44:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

Sonomammography *

SONOMAMMOGRAPHY REPORT

High resolution scanning of both breasts was performed with 8 – 10 mHz linear array transducer.

RIGHT BREAST:

- Superficial adipose layer is normally visualized.
- Glandular layer is normal. No echo variant lesion is noted.
- Retromammory area is free.
- No enlarged axillary lymph nodes are seen.

LEFT BREAST:

- Superficial adipose layer is normally visualized.
- Glandular layer is normal. No echo variant lesion is noted.
- Retromammory area is free.
- No enlarged axillary lymph nodes are seen.

IMPRESSION:-

NO ECHO VARIENT LESION IS SEEN ON EITHER BREAST

Adv :Clinicopathological correlation /further evaluation

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

(**) Test Performed at Chandan Speciality Lab.

Dr.Navneet Kumar (MD Radiodiagnosis)