

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SUDHAKAR SINGH Registered On : 05/Nov/2023 09:31:25 Age/Gender Collected : 05/Nov/2023 12:07:50 : 33 Y O M O D /M UHID/MR NO : CALI.0000049190 Received : 05/Nov/2023 13:56:50 Visit ID Reported : 05/Nov/2023 18:44:15 : CALI0152352324

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) ** , E	Blood			
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE	- constitution of the cons		ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) **, Who	le Blood			
Haemoglobin	15.50	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) <u>DLC</u>	7,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	6.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	< 9	
PCV (HCT) Platelet count	45.00	%	40-54	
Platelet Count	2.20	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	17.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	40.10	%	35-60	ELECTRONIC IMPEDANCE







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Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.11	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	94.50	fΙ	80-100	CALCULATED PARAMETER
MCH	30.30	pg	28-35	CALCULATED PARAMETER
MCHC	32.00	%	30-38	CALCULATED PARAMETER
RDW-CV	14.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,340.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	210.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)







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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. R	Ref. Interval Me	thod
GLUCOSE FASTING ** , Plasma				
Glucose Fasting	79.90	mg/dl < 100 Normal	GOD POD	

100-125 Pre-diabetes ≥ 126 Diabetes

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 **	143.30	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal		A STATE OF	140-199 Pre-diabetes	
			>200 Diabetes	

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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	102	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.







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method	
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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 VARIANT II TURBO HPLC Analyser.

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.

BUN (Blood Urea Nitrogen) ** Sample:Serum	7.80	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.96	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid ** Sample:Serum	5.61	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) **, Serum





^{**}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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Result	Uı	nit Bio. Ref. Interv	al Method
07.40		0.5	JEGG MITHOUT DED
			IFCC WITHOUT P5P
			IFCC WITHOUT P5P
			OPTIMIZED SZAZING
	•		BIURET
	3		B.C.G.
	gm/dl		CALCULATED
	,		CALCULATED
			IFCC METHOD
			JENDRASSIK & GROF
			JENDRASSIK & GROF
0.58	mg/dl	< 0.8	JENDRASSIK & GROF
161.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
38.10	mg/dl	30-70	DIRECT ENZYMATIC
75	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High	
47.94	ma/dl	3 0	CALCULATED
239.70	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP
	37.40 56.60 35.90 6.52 4.07 2.45 1.66 111.00 1.01 0.43 0.58 161.00 38.10 75	37.40 U/L 56.60 U/L 35.90 IU/L 6.52 gm/dl 4.07 gm/dl 2.45 gm/dl 1.66 111.00 U/L 1.01 mg/dl 0.43 mg/dl 0.58 mg/dl 38.10 mg/dl 75 mg/dl 47.94 mg/dl	37.40 U/L < 35 56.60 U/L < 40 35.90 IU/L 11-50 6.52 gm/dl 6.2-8.0 4.07 gm/dl 3.4-5.4 2.45 gm/dl 1.8-3.6 1.66 1.1-2.0 111.00 U/L 42.0-165.0 1.01 mg/dl 0.3-1.2 0.43 mg/dl < 0.30 0.58 mg/dl < 0.8 161.00 mg/dl <200 Desirable 200-239 Borderline High > 240 High 38.10 mg/dl < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High > 190 Very High 47.94 mg/dl 10-33 mg/dl < 150 Normal 150-199 Borderline High

Bring

Dr. Anupam Singh (MBBS MD Pathology)







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Patient Name : Mr.SUDHAKAR SINGH Registered On : 05/Nov/2023 09:31:26 Age/Gender Collected : 05/Nov/2023 14:45:50 : 33 Y O M O D /M UHID/MR NO : CALI.0000049190 Received : 05/Nov/2023 15:53:04 Visit ID Reported : 05/Nov/2023 19:15:09 : CALI0152352324

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

DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit	Bio. Ref. Interval	Method
		DIPSTICK
mg %	< 10 Absent	DIPSTICK
,	10-40 (+)	
	40-200 (++)	
	200-500 (+++)	
	> 500 (++++)	DIDCTICK
gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
	1-2 (+++)	
	> 2 (++++)	
mg/dl	0.1-3.0	BIOCHEMISTRY
1 6		
		DIPSTICK
		DIPSTICK
		DIPSTICK
		MICROSCOPIC
		EXAMINATION
		MICROSCOPIC
		EXAMINATION
		MICROSCOPIC
		EXAMINATION
gms%		
	gms%	gms%

Interpretation:

(+) < 0.5

(++) 0.5-1.0







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: 05/Nov/2023 15:53:04

Bio. Ref. Interval

: 05/Nov/2023 19:15:09

Method

remi Health Care Ltd. Status : Final Report

Unit

Received

Reported

DEPARTMENT OF CLINICAL PATHOLOGY

Result

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

(+++) 1-2 (++++) > 2

Test Name

UHID/MR NO

Ref Doctor

Visit ID



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Dr. Anupam Singh (MBBS MD Pathology)







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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. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	135.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.800	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
. •		0.3-4.5 μIU/r	nL First Trimes	ster
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/r	nL Third Trime	ester
		0.5-8.9 µIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r		z - 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/r		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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)







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: 05/Nov/2023 09:31:28

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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)

DIGITAL CHEST P-A VIEW

- 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:

NO SIGNIFICANT DIAGNOSTIC ABNORMALITY SEEN.

Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)









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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT LIVER

 The liver is normal in size ~ 13.2 cm and shows diffused raised echogenicity of hepatic parenchyma S/O grade I fatty liver. No 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.

KIDNEYS

- Right kidney is normal in size position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

SPLEEN

• The spleen is normal in size ~ 8.3 cm and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.
- Visualized bowel loops are gaseous and grossly appear normal in caliber, peristalsis and wall thickness.

URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No







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calculus is seen.

PROSTATE

• The prostate gland is normal in size with smooth outline. (volume ~ 13.2 cc).

FINAL IMPRESSION

• GRADE I FATTY INFILTRATION OF LIVER.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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



