

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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PRATIBHA YADAV Registered On : 12/Mar/2022 09:33:01 Collected Age/Gender : 12/Mar/2022 10:17:38 : 45 Y O M O D /F UHID/MR NO : CDCA.0000081871 Received : 12/Mar/2022 10:55:20 Visit ID : CDCA0310412122 Reported : 12/Mar/2022 16:02:14

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

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

Blood Group (ABO & Rh typing) *, Blood

Blood Group B
Rh (Anti-D) POSITIVE

Complete Blood Count (CBC) *, Blood

12 70	a/dl	1 Day- 14.5-22.5 g/dl
13.70	g/ui	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
		q/dl
		Male- 13.5-17.5 g/dl
		Female- 12.0-15.5 g/dl
	13.70	13.70 g/dl

			1 CITIAIC- 12.0-13.3	g/ui
TLC (WBC)	6,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	66.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	6.00	Mm for 1st hr		
Corrected	2.00	Mm for 1st hr	. < 20	
PCV (HCT)	40.00	cc %	40-54	
Platelet count				
Platelet Count	1.8	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.20	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE







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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	101.90	fl	80-100	CALCULATED PARAMETER
MCH	34.30	pg	28-35	CALCULATED PARAMETER
MCHC	32.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,290.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	65.00	/cu mm	40-440	
MCHC RDW-CV RDW-SD Absolute Neutrophils Count	32.80 13.00 48.30 4,290.00	% % fL /cu mm	30-38 11-16 35-60 3000-7000	CALCULATED PARAMETER ELECTRONIC IMPEDANCE









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

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING * , Plasma				
Glucose Fasting	105.15	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 *	132.01	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.
- 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.









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit E	sio. Ref. Interval	Method	
GLYCOSYLATED HAEMOGLOBIN (HBA10	*) ** , EDTA BLOOD				
Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)	
Glycosylated Haemoglobin (Hb-A1c)	34.00	mmol/mol/IFCC			
Estimated Average Glucose (eAG)	105	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.

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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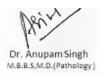
MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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 FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	12.00	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.65	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) * Sample:Serum	98.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid * Sample:Serum	5.10	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect)	35.30 32.60 14.34 7.85 4.34 3.51 1.24 102.34 0.64 0.11 0.53	U/L U/L IU/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum Cholesterol (Total)	185.00	mg/dl	<200 Desirable 200-239 Borderline High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	41.20 116	mg/dl mg/dl	> 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	DIRECT ENZYMATIC CALCULATED
VLDL Triglycerides	28.30 141.50	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline High	CALCULATED GPO-PAP







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INDRA DIAGNOSTIC CENTRE

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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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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE *	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		, 3	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	my/di	0.2-2.01	DIOCHEIVIISTRY
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ADSLIVI			
	0001010111			
Epithelial cells	OCCASIONAL			MICROSCOPIC
December 11	OCCACIONIAI			EXAMINATION
Pus cells .	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC
RDCS	ADSENT			EXAMINATION
Cast	ABSENT			LAAMINATION
Crystals	ABSENT			MICROSCOPIC
or ystais	ADJENT			EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				
mer premuom				

< 0.5 (+)

0.5 - 1.0(++)

(+++) 1-2

(++++) > 2







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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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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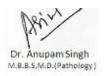
DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	125.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.36	μIŪ/mL	0.27 - 5.5	CLIA
Interpretation:				
. •		0.3-4.5 μIU/	mL First Trimes	ster
		0.5-4.6 μIU/	mL Second Tri	mester
		0.8-5.2 μIU/	mL Third Trime	ester
		0.5-8.9 µIU/	mL Adults	55-87 Years
		0.7-27 μIU/	mL Premature	28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/	mL Child(21 wl	k - 20 Yrs.)
			J/mL Child	0-4 Days
		1.7-9.1 μIU/		2-20 Week
		1 4 4 4		

- 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 FEMALE ABOVE 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.
- 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

• NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.











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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

• Liver is normal in size measuring 13.0 cm in longitudinal span & shows mild diffuse increase in parenchymal echogenicity.

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. (5.4 mm)
- The gall bladder is surgically absent.

PANCREAS

The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY (11.4 x 4.4 cm)

- 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 (10.9 x 5.5 cm)

- 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.







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DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

SPLEEN

• The spleen is normal in size (8.1 cm) 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 mildly enlarged measures 10.7 x 4.4 x 2.8 cm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- Cervix is normal.

UTERINE ADNEXA

- Adnexa on both sides are normal.
- Right ovary measures 2.5 x 1.2 cm.
- Left ovary measures 2.5 x 0.9 cm.
- Both the ovaries are normal in size.

CUL-DE-SAC

• Pouch of Douglas is clear.

IMPRESSION

- Grade-I fatty liver.
- Mildly enlarged uterus.

Recommended: clinicopathological correlation.











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DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Tread Mill Test (TMT) *

2D ECHO & M-MODE EXAMINATION VALUES MITRAL VALVE STUDY

DE Excursion :	1.60	cm/sec
E F Slope :	0.09	m/s
EPSS:	1.41	cm
VALVE AREA (MVOA) PERIMETRY	3.58	cm ²
PHT:	3.62	Cm ²

AORTIC VALVES STUDY

Aortic Diam :	2.57	cm
LA Diam.	2.67	cm
AV Cusp.	1.07	cm

LEFT VENTRICLE

IVSD	0.87	Cm
IVSS	0.97	Cm
LVIDD	4.17	Cm
LVIDS	2.82	Cm
LV PWD	0.83	Cm
LV PWS	0.87	Cm
EDV	77	MI
ESV	29	MI

EJECTION FRACTION : 61 % ($60 \pm 7 \%$) SV (Teich) 47 ml

SHÖRTENING FRACTION: 32% $(30 \pm 5\%)$

RIGHT VENTRICLE

RVID: 2.53 cm.







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Patient Name : 12/Mar/2022 09:33:02 : Mrs.PRATIBHA YADAV Registered On

Age/Gender : 45 Y O M O D /F Collected : N/A UHID/MR NO : CDCA.0000081871 Received : N/A

Visit ID : CDCA0310412122 Reported : 12/Mar/2022 16:36:18

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

DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

DIMENSIONAL IMAGING

MITRAL VALVE: Normal AORTIC VALVE : PULMONARY VALVE : Normal Normal TRICUSPID VALVE: Normal **INTER VENTRICULAR SEPTA:** Normal **INTERATRIAL SEPTUM:** Normal INTRACARDIAC CLOT / VEGETATION / MYXOMA: Absent **LEFT ATRIUM:** Normal **LEFT VENTRICLE:** Normal **RIGHT VENTRICLE:** Normal **RIGHT ATRIUM:** Normal **PERICARDIUM:** Normal OTHER: Normal

COLOUR FLOW MAPPING DOPPLER STUDY

DOI I ELICOTODI			
	VELOCITY cm/s	PRESSURE GRADIENT	
MITRAL FLOW	E : 84 cm/s		REGURGITATION
IVIII RAL FLOVV	A : 57 cm/s	Normal	
AORTIC FLOW	98 cm/s	Normal	
TRICUSPID FLOW	49 cm/s	Normal	
PULMONARY FLOW	62 cm/s	Normal	

SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LVEF 61 %
- RWMA not seen.
- No Diastolic dysfunction.
- No MS/TS/AS/PS.
- No MR/TR/PR/AR.
- No pericardial effusion.
- No vegetation.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



DR SUDHANSHU VERMA

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





