INDRA DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar
Ph: 7706041643,7706041644
CIN : U85196UP1992PLC014075

NABL ACCREDITED
NABL:MC-2636

Patient Name	: Mr.AJAY KUMAR	Registered On	: 19/Nov/2021 09:25:16
Age/Gender	: 50 Y 10 M 18 D /M	Collected	: 19/Nov/2021 09:33:29
UHID/MR NO	: IDCD.0000126628	Received	: 19/Nov/2021 09:47:41
Visit ID	: IDCD0341832122	Reported	: 19/Nov/2021 17:40:22
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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	16.00	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	9,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	69.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	25.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 9	
PCV (HCT)	48.00	cc %	40-54	
Platelet count				
Platelet Count	2.25	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	**26.80**	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	9.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.94	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	94.80	fl	80-100	CALCULATED PARAMETER
MCH	32.50	pg	28-35	CALCULATED PARAMETER
MCHC	34.20	%	30-38	CALCULATED PARAMETER
	13.30	%	11-16	
	45.90	fL	35-60	
utrophils Count	6,279.00	/cu mm	3000-7000	
sinophils Count (AEC)	273.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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NABL ACCREDITED
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Patient Name	: Mr.AJAY KUMAR	Registered On	: 19/Nov/2021 09:25:16
Age/Gender	: 50 Y 10 M 18 D /M	Collected	: 19/Nov/2021 13:57:19
UHID/MR NO	: IDCD.0000126628	Received	: 19/Nov/2021 15:33:27
Visit ID	: IDCD0341832122	Reported	: 19/Nov/2021 16:07:30
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , *Plasma*				
Glucose Fasting	104.50	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*	165.10	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.

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Age/Gender	: 50 Y 10 M 18 D /M	Collected	: 19/Nov/2021 09:33:29
UHID/MR NO	: IDCD.0000126628	Received	: 19/Nov/2021 13:11:07
Visit ID	: IDCD0341832122	Reported	: 19/Nov/2021 14:27:02
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , *EDTA BLOOD*				
Glycosylated Haemoglobin (HbA1c)	6.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	43.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	128	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

MEDIWHEEL BANK OF BARODA MALE 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.

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

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UHID/MR NO	: IDCD.0000126628	Received	: 19/Nov/2021 12:25:18
Visit ID	: IDCD0341832122	Reported	: 19/Nov/2021 13:40:00
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) *Sample:Serum*	10.79	mg/dL	7.0-23.0	CALCULATED
Creatinine *Sample:Serum*	0.77	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) *Sample:Serum*	106.90	ml/min/1.73m2	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid *Sample:Serum*	5.48	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , *Serum*				
SGOT / Aspartate Aminotransferase (AST)	**40.00**	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	**71.70**	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	32.80	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.87	gm/dl	6.2-8.0	BIRUET
Albumin	4.43	gm/dl	3.8-5.4	B.C.G.
Globulin	3.44	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.29		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	156.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.54	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.18	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.36	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , *Serum*				
Cholesterol (Total)	187.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	48.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	95	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	**42.88**	mg/dl	10-33	CALCULATED
Triglycerides	214.40	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			200-499 High >500 Very High	

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Patient Name	: Mr.AJAY KUMAR	Registered On	: 19/Nov/2021 09:25:16
Age/Gender	: 50 Y 10 M 18 D /M	Collected	: 19/Nov/2021 14:09:50
UHID/MR NO	: IDCD.0000126628	Received	: 19/Nov/2021 14:32:49
Visit ID	: IDCD0341832122	Reported	: 19/Nov/2021 15:42:16
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE * , *Urine*				
Color	LIGHT YELLOW			
Specific Gravity	1.010			
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	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

MEDIWHEEL BANK OF BARODA MALE 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%

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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Age/Gender	: 50 Y 10 M 18 D /M	Collected	: 19/Nov/2021 09:33:29
UHID/MR NO	: IDCD.0000126628	Received	: 19/Nov/2021 12:58:57
Visit ID	: IDCD0341832122	Reported	: 19/Nov/2021 13:49:50
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** *Sample:Serum*	1.700	ng/mL	< 3.0	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL ** , *Serum*

T3, Total (tri-iodothyronine)	115.26	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.53	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.89	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.

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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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)

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Patient Name	: Mr.AJAY KUMAR	Registered On	: 19/Nov/2021 09:25:17
Age/Gender	: 50 Y 10 M 18 D /M	Collected	: N/A
UHID/MR NO	: IDCD.0000126628	Received	: N/A
Visit ID	: IDCD0341832122	Reported	: 19/Nov/2021 13:12:30
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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**
- **CORADS-1**

Dr. Anil Kumar Verma
(MBBS,DMRD)

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- **Liver is mildly enlarged in size (~ 154 mm) with grade-I fatty changes.**
- No obvious focal lesion is seen. The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

GALL BLADDER & CBD

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic. No wall thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal in caliber.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Both the kidneys are normal in size and echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.
- *No obvious sonological evidence of bilateral renal/ ureteric calculus seen.*

SPLEEN

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

LYMPH NODES

- No significant lymph node noted.

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

URINARY BLADDER

- Urinary bladder is well distended. **Urinary bladder wall is mildly diffusely thickened (~ 3.2 mm)**
- **Pre void urine volume is ~ 250 cc.**
- **Post void residual urine volume is ~ 43 cc. Second time passed (Adv:-Urine routine microscopy to rule out UTI).**

PROSTATE

- **Prostate is enlarged in size and measures ~ 43 x 37 x 36 mm with median lobe hypertrophied, bulging into bladder lumen. Prostate weight measures ~ 29 grams. Intra vesicular projection measuring ~ 1.9 cm. (ADV:-Serum PSA correlation).**

IMPRESSION

- **Mild hepatomegaly with grade-I fatty changes in liver.**
- **Mildly diffusely thickened urinary bladder wall.**
- **Prostatomegaly with post void residual urine volume of ~ 43 cc. (Adv:-Urine routine microscopy to rule out UTI).**

Note:- All renal/ ureteric/ biliary calculi may not always be visualized on ultrasonography.

Typed by- shanaya

(This report is an expert opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

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

(*) Test not done under NABL accredited Scope, (**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
STOOL, ROUTINE EXAMINATION, ECG / EKG, TREAD MILL TEST

Dr. Anil Kumar Verma
(MBBS,DMRD)