



CIN: U85110DL2003PLC308206



Patient Name : Mr.SONU KUMAR-48347 Registered On : 29/Jun/2023 08:33:52 Age/Gender Collected : 29/Jun/2023 08:41:50 : 43 Y O M O D /M UHID/MR NO : IDUN.0000202632 Received : 29/Jun/2023 10:21:36 Visit ID : IDUN0104932324 Reported : 29/Jun/2023 11:18:29

Ref Doctor : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN - Status : Final Report

# DEPARTMENT OF HAEMATOLOGY

# MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) *, BI	lood			
Blood Group	0			
Rh ( Anti-D)	POSITIVE			
0 1 0 10 1000				
Complete Blood Count (CBC) * , Whole				
Haemoglobin	14.90	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	
		The state of the s	Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/dl	
TLC (WBC)	5,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	47.60	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	40.60	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	9.20	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.70	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.90	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr.		
Corrected		Mm for 1st hr.	< 9	
PCV (HCT)	42.40	%	40-54	
Platelet count				
Platelet Count	2.51	LACS/cu mm	1.5-4.0	ELECTRONIC
	2.0.	2, 100, 00, 11		IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	13.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	40.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.72	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)	1.72	wiiii., od milii	1.2 0.0	LELOTROTRIO IIVII LD/1110L







Since 1991

# CHANDAN DIAGNOSTIC CENTRE

Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192

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# DEPARTMENT OF HAEMATOLOGY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	89.90	fl	80-100	CALCULATED PARAMETER
MCH	31.60	pg	28-35	CALCULATED PARAMETER
MCHC	35.20	%	30-38	CALCULATED PARAMETER
RDW-CV	11.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,470.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	90.00	/cu mm	40-440	

DR. RITU BHATIA MD (Pathology)









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Ref Doctor : Dr.MEDIWHEEL ACROFEMI Status : Final Report HEALTHCARE LTD.DDN -

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Un	it Bio. Ref. Inte	rval Method	
GLUCOSE FASTING , Plasma					
Glucose Fasting	99.90	mg/dl	< 100 Normal 100-125 Pre-diabetes	GOD POD	

≥ 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.

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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	100	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 ABOVE 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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>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.

#### **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	9.27	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.29	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20 Female-20-320	MODIFIED JAFFES 0-275
Uric Acid Sample:Serum	5.34	mg/dl	3.4-7.0	URICASE





<sup>\*\*</sup>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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# DEPARTMENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	l	Unit	Bio. Ref. Interva	l Method
LFT (WITH GAMMA GT) * , Serum					
SGOT / Aspartate Aminotransferase (AST)	34.52	U/L	< 35		IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	32.70	U/L	< 40		IFCC WITHOUT P5P
Gamma GT (GGT)	12.66	IU/L	11-50	1	OPTIMIZED SZAZING
Protein	6.88	gm/dl	6.2-8	0	BIRUET
Albumin	4.21	gm/dl	3.4-5		B.C.G.
Globulin	2.67	gm/dl	1.8-3	.6	CALCULATED
A:G Ratio	1.58	3	1.1-2		CALCULATED
Alkaline Phosphatase (Total)	112.64	U/L	42.0-	165.0	IFCC METHOD
Bilirubin (Total)	1.12	mg/dl	0.3-1	2	JENDRASSIK & GROF
Bilirubin (Direct)	0.41	mg/dl	< 0.30		JENDRASSIK & GROF
Bilirubin (Indirect)	0.71	mg/dl	< 0.8		JENDRASSIK & GROF
LIPID PROFILE (MINI) *, Serum					
Cholesterol (Total)	181.66	mg/dl		Desirabl <mark>e</mark> 39 Borderline High High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	38.11	mg/dl	30-70		DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	124	mg/dl		Optimal 29 Nr.	CALCULATED
VLDL Triglycerides	19.28 96.40	mg/dl mg/dl	130-1 160-1 > 190 10-33 < 150 150-1 200-4	nal/Above Optimal 59 Borderline High 89 High Very High Normal 99 Borderline High 99 High Very High	CALCULATED GPO-PAP

DR. RITU BHATIA







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: 29/Jun/2023 11:36:13 : 29/Jun/2023 11:48:44

Visit ID

: IDUN0104932324

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: 29/Jun/2023 14:52:34

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -

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	YELLOW			
Specific Gravity	1.025			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		, -	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
	ADCENT	0/	> 500 (++++)	DIDCTION
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	ABSENT			
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







Since 1991

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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. RITU BHATIA









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#### 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	0.490	ng/mL	< 2.0	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)	109.30	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.72	μlU/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	$\mu IU/mL$	Third Trimester	
0.5 - 8.9	$\mu IU/mL$	Adults	55-87 Years
0.7 - 27	μIU/mL	Premature	28-36 Week
2.3-13.2	$\mu IU/mL$	Cord Blood	> 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)	
1-39	$\mu IU/mL$	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
- 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.SMRITI GUPTA MD (PATHOLOGY)









Age/Gender

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Collected

: 29/Jun/2023 08:33:56

Received : N/A

Reported : 29/Jun/2023 16:28:19

: N/A

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**

- Pulmonary parenchyma did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Bony cage is normal.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY DETECTED** 

Dr. Amit Bhandari MBBS MD RADIOLOGY







Age/Gender

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HEALTHCARE LTD.DDN -

: 29/Jun/2023 08:33:56 Registered On

: N/A

Received : N/A Reported : 29/Jun/2023 09:27:43

Status : Final Report

# DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Collected

# **ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \***

**LIVER**: is normal in size and bright in echotexture. No focal lesion seen.

PORTAL VEIN: is normal at porta.

Common bile duct is normal. Intra Hepatic biliary radicles are not dilated.

GALL BLADDER: seen in distended state with echofree lumen. Wall thickness is normal.

**SPLEEN**: is normal in size, shape and echotexture. No focal lesion seen.

**PANCREAS**: Head and body appear normal. Tail is obscured by bowel gases.

**KIDNEYS**: Right kidney measures approx 9.7 x 4.2 cm and left kidney measures approx 10.6 x 4.3 cm.

Both kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal.

No mass/calculus/hydronephrosis seen.

**LYMPHNODES**: No pre-or-para aortic lymph node mass is seen.

**URINARY BLADDER:** seen in distended state with echofree lumen. Wall thickness is normal.

**PROSTATE**: is normal in size and echotexture.

FLUID: No significant free fluid seen in peritoneal cavity.

**IMPRESSION**: -

#### **GRADE I FATTY LIVER**

# REST NO SIGNIFICANT ABNORMALITY DETECTED.

Note: - In case of any discrepancy due to typing error kindly get it rectified immediately

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

EXAMINATION, ECG / EKG, Tread Mill Test (TMT)

Dr. Amit Bhandari MBBS MD RADIOLOGY

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 365 Days Open





