

UHID/MR NO

Visit ID

Ref Doctor

CHANDAN DIAGNOSTIC CENTRE

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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.MAMTA SILSWAL-PKG10000239 Age/Gender

: 39 Y O M O D /F

: IDUN.0000213497

: IDUN0272612324

Dr.MEDIWHEEL ACROFEMI

HEALTHCARE LTD.DDN -

Registered On

Collected

: 28/Oct/2023 08: 26: 29

: 28/Oct/2023 08:53:01

Received : 28/Oct/2023 09:54:06 Reported : 28/Oct/2023 12:39:38

: Final Report

DEPARTMENT OF HAEMATOLOGY

Status

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blo	ood			
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE	- constitution		ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	Blood			
Haemoglobin	10.90	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	
			Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC) <u>DLC</u>	6,880.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	63.90	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.90	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.20	%	<1	ELECTRONIC IMPEDANCE
Observed	16.00	Mm for 1st hr.		
Corrected		Mm for 1st hr.		
PCV (HCT)	33.90	%	40-54	
Platelet count	-3	. •		
Platelet Count	1.91	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	40.20	%	35-60	ELECTRONIC IMPEDANCE







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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.66	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	92.50	fl	80-100	CALCULATED PARAMETER
MCH	29.80	pg	28-35	CALCULATED PARAMETER
MCHC	32.20	%	30-38	CALCULATED PARAMETER
RDW-CV	15.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,400.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	60.00	/cu mm	40-440	

DR. RITU BHATIA MD (Pathology)









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 Patient Name
 : Mrs.MAMTA SILSWAL-PKG10000239
 Registered On
 : 28/Oct/2023 08:26:32

 Age/Gender
 : 39 Y 0 M 0 D /F
 Collected
 : 28/Oct/2023 08:52:59

 UHID/MR NO
 : IDUN.0000213497
 Received
 : 28/Oct/2023 09:54:06

 Visit ID
 : IDUN0272612324
 Reported
 : 28/Oct/2023 14:23:19

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

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING, Plasma				

mg/dl

100-125 Pre-diabetes ≥ 126 Diabetes

< 100 Normal

GOD POD

Interpretation:

Glucose Fasting

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

95.88

- 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		100.06	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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	29.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	91	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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Patient Name : Mrs.MAMTA SILSWAL-PKG10000239 Registered On : 28/Oct/2023 08: 26: 32 Collected : 28/Oct/2023 08:52:59 Age/Gender : 39 Y O M O D /F UHID/MR NO : IDUN.0000213497 Received : 28/Oct/2023 09:54:06 Visit ID : IDUN0272612324 Reported : 28/Oct/2023 14:23:19 Dr. MEDIWHEEL ACROFEMI Ref Doctor Status : Final Report HEALTHCARE LTD.DDN -

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

lest Name Result Unit Bio. Ref. Interval Method	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:

^{*}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	7.99	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.77	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample:Serum	3.89	mg/dl	2.5-6.0	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.

^{*}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:



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	ι	Jnit Bio. Ref. Interva	al Method
SGOT / Aspartate Aminotransferase (AST)	30.97	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	42.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	65.29	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.82	gm/dl	6.2-8.0	BIURET
Albumin	4.66	gm/dl	3.4-5.4	B.C.G.
Globulin	3.16	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.47	,	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	108.29	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.20	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.47	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.73	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	241.83	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	75.07	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	150	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	16.65	mg/dl	10-33	CALCULATED
Triglycerides	83.25	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

DR. RITU BHATIA MD (Pathology)







Since 1991

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Dr.MEDIWHEEL ACROFEMI

HEALTHCARE LTD.DDN -

Registered On

Collected

: 28/Oct/2023 08: 26: 30

: 28/Oct/2023 12:10:29

Received : 28/Oct/2023 12:42:26 Reported : 28/Oct/2023 14:05:33

Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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) Protein ABSENT Mg (10 Absent 10.40 (+) 40.200 (++) 200.5500 (++++) >500 (++++) (+) 200.5500 (++++) >500 (++++) (+) 1.2 (++++) (+) 1.2 (++++) (+) 1.2 (++++) (+) 1.2 (+++++) (+) 1.2 (++++++++++++++++++++++++++++++++++++					
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Color					
Specific Gravity Reaction PH Acidic (5.0) Protein ABSENT ABSENT ABSENT ABSENT ABSENT BIGANT ABSENT ABSENT ABSENT BIGANT ABSENT ABSENT BIGANT ABSENT BIGANT ABSENT BIGANT ABSENT BIGANT BIG	JRINE EXAMINATION, ROUTINE *	, Urine			
Reaction PH	Color	YELLOW			
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Sugar			,		
Sugar ABSENT ABSENT BILE ABSENT BILE ABSENT BILE ABSENT BILE ABSENT BILE					
Sugar ABSENT gms% < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (+++) > 2 (++++) > 2 (++++) > 2 (++++) Sugar ABSENT Bile Salts ABSENT ABSENT Bile Pigments ABSENT Urobilinogen(1:20 dilution) Microscopic Examination: Epithelial cells 2-5/h.p.f ABSENT MICROSCOPIC EXAMINATION Pus cells 10-15/h.p.f RBCs ABSENT MICROSCOPIC EXAMINATION Cast Crystals ABSENT ABSENT MICROSCOPIC EXAMINATION Others ABSENT MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION Others ABSENT MICROSCOPIC EXAMINATION Others MICROSCOPIC EXAMINATION Others ABSENT MICROSCOPIC EXAMINATION Others ABSENT MICROSCOPIC EXAMINATION Others ABSENT MICROSCOPIC EXAMINATION OTHER MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION OTHER MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION OTHER MICROSCOPIC EXAMINATION OTHER MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATIO					
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UGAR, FASTING STAGE * , Urine Sugar, Fasting stage ABSENT gms%					
Sugar, Fasting stage ABSENT gms%	Others	ABSENT			
	UGAR, FASTING STAGE * , Urine				
	Sugar, Fasting stage	ABSENT	gms%		
	To Assess and Alberta				

Interpretation:

(+)< 0.5

0.5-1.0 (++)

(+++) 1-2

(++++) > 2







Since 1991

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CIN: U85110DL2003PLC308206



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: Mrs.MAMTA SILSWAL-PKG10000239

Registered On

: 28/Oct/2023 08:26:30

Age/Gender

: 39 Y O M O D /F

Collected

: 28/Oct/2023 12:10:29 : 28/Oct/2023 12:42:26

UHID/MR NO Visit ID

: IDUN.0000213497 : IDUN0272612324 Received Reported

: 28/Oct/2023 14:05:33

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN - Status

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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







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

CIN: U85110DL2003PLC308206



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Status : Final Report HEALTHCARE LTD.DDN -

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)	124.66	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.810	μlU/mL	0.27 - 5.5	CLIA
Interpretation:		0.3-4.5 μIU/m 0.5-4.6 μIU/m 0.8-5.2 μIU/m 0.5-8.9 μIU/m	nL Second Trime nL Third Trime	nester
		0.7-27 μIU/m 2.3-13.2 μIU/m	nL Premature nL Cord Blood	28-36 Week > 37Week
		0.7-64 μIU/m 1-39 μIU/ 1.7-9.1 μIU/m	mL Child	(a - 20 Yrs.) 0-4 Days 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.SMRITI GUPTA MD (PATHOLOGY)







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

CIN: U85110DL2003PLC308206



Patient Name

: Mrs.MAMTA SILSWAL-PKG10000239

Registered On

: 28/Oct/2023 08: 26: 33

Age/Gender UHID/MR NO : 39 Y O M O D /F

Collected

: N/A

Visit ID

: IDUN.0000213497 : IDUN0272612324 Received Reported

: 28/Oct/2023 14:47:00

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN - Status

: Final Report

: N/A

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

- 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







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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.MAMTA SILSWAL-PKG10000239

: 39 Y O M O D /F

Registered On Collected Received

: IDUN.0000213497

: N/A : N/A

UHID/MR NO Visit ID : IDUN0272612324

Reported

: 28/Oct/2023 09:24:17

: 28/Oct/2023 08: 26: 33

Ref Doctor

Age/Gender

Dr. MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -

Status : Final Report

DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: is normal in size (12.5 cm) 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.

RIGHT KIDNEY: is normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No mass/calculus/hydronephrosis seen.

LEFT KIDNEY: is 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.

UTERUS: - is normal in size, shape and echotexture. No focal lesion seen. Endometrial thickness is approx 8.8 mm.

Tiny nabothian cyst measuring approx 3 x 3 mm is seen in cervix.

ADNEXA: - Both ovaries are normal.

FLUID: No significant free fluid seen in peritoneal cavity.

IMPRESSION: -

- GRADE I FATTY LIVER
- TINY NABOTHIAN CYST IN CERVIX

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

*** End Of Report ***

EXAMINATION, ECG / EKG

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





