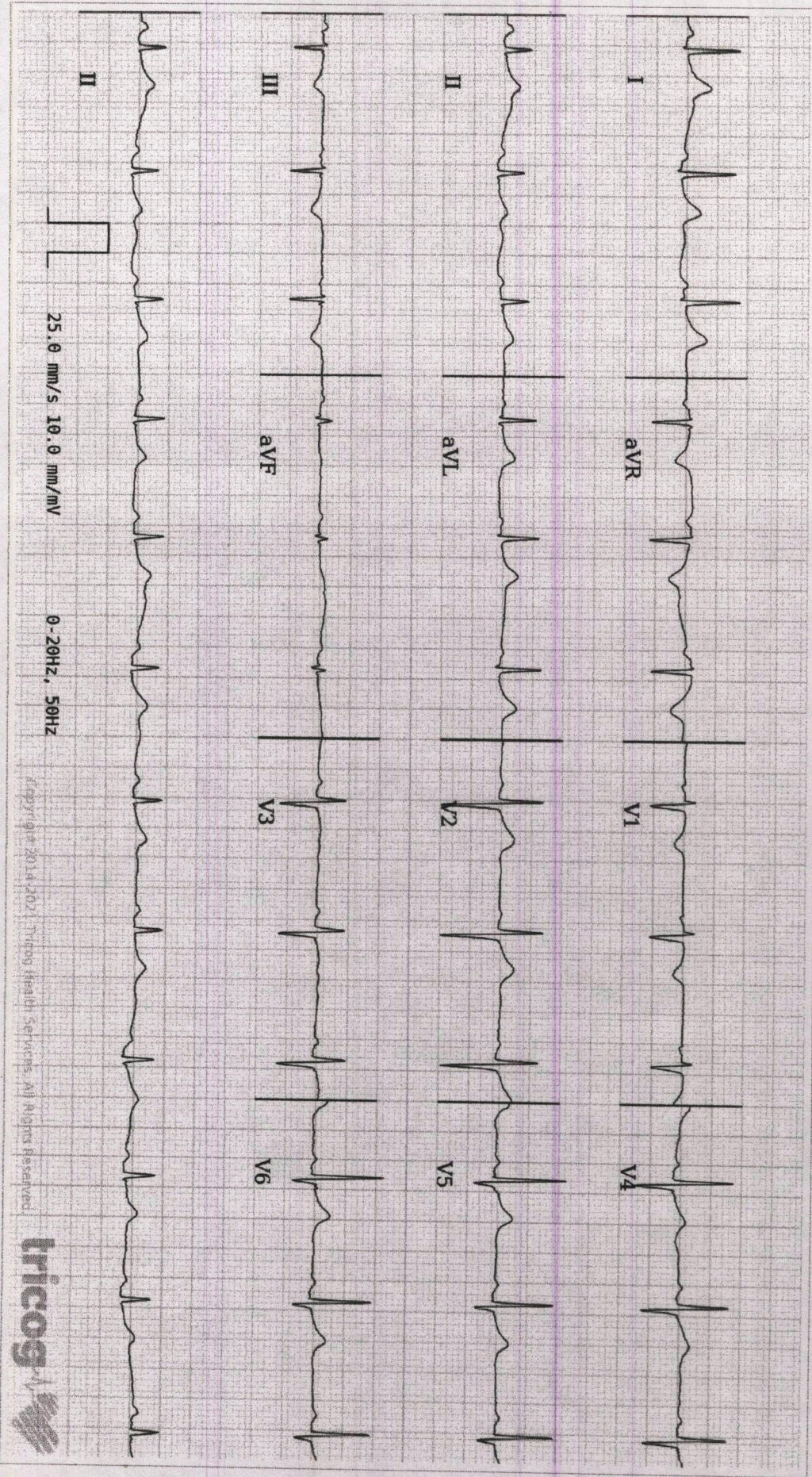




Age / Gender: 34/Female  
Patient ID: CVAR0042192122  
Patient Name: Mrs. SHEELAM SINGH-PKG10000239  
Date and Time: 10th Jul 21 11:55 AM



AR: 72 bpm VR: 72 bpm QRSD: 74 ms QT: 382 ms QTc: 418 ms PRI: 140 ms P-R-T: 28° 3° 8°

**ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.**

AUTHORIZED BY

REPORTED BY

Dr. Chait  
MD, DM: Cardiology  
63382

Dr. Bhasini R  
72470





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SHEELAM SINGH-PKG10000239	Registered On	: 10/Jul/2021 09:29:08
Age/Gender	: 34 Y 0 M 0 D /F	Collected	: 10/Jul/2021 11:50:32
UHID/MR NO	: CVAR.0000020216	Received	: 10/Jul/2021 12:03:32
Visit ID	: CVAR0042192122	Reported	: 10/Jul/2021 13:41:28
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### HAEMOGRAM \* , Blood

Haemoglobin	<b>11.40</b>	g/dl	13.5-17.5	PHOTOMETRIC
Blood Group (ABO & Rh typing)	O POSITIVE			
TLC (WBC)	6,400	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

### DLC

Polymorphs (Neutrophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	<b>2.00</b>	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE

### ESR

Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	<b>34.00</b>	cc %	40-54	

### GBP

#### General Blood Picture (G.B.P. / P.B.S.)

1. RBCs are Normocytic and normochromic.
2. Leucocytes are adequate in numbers and reveal normal distribution.
3. Platelets are within normal limits.
4. Smears are Negative for Malarial and Microfilarial Parasite.
5. There are no blasts (precursor cells).

### Platelet count

Platelet Count	1.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	NR	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	NR	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>14.00</b>	fL	6.5-12.0	ELECTRONIC





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## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RBC Count</b>				IMPEDANCE
RBC Count	<b>3.62</b>	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
M.C.V.	93.90	fl	80-100	CALCULATED PARAMETER
M.C.H.	31.30	pg	28-35	CALCULATED PARAMETER
M.C.H.C.	33.40	%	30-38	CALCULATED PARAMETER
RDW-CV	14.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	52.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,840.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	128.00	/cu mm	40-440	

*S.N. Sinha*  
Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

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Visit ID	: CVAR0042192122	Reported	: 10/Jul/2021 14:24:07
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose Fasting</b> Sample: Plasma	82.30	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

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

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	103	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 management.

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.







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## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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\*\*Some danger of hypoglycemic reaction in Type 1 diabetics. 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.

### 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.

<b>BUN (Blood Urea Nitrogen) *</b> Sample:Serum	7.30	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	0.70	mg/dl	0.5-1.2	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> Sample:Serum	101.00	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Protein</b> Sample:Serum	6.30	gm/dl	6.2-8.0	BIRUET
<b>Uric Acid</b> Sample:Serum	5.70	mg/dl	2.5-6.0	URICASE





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## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### L.F.T.(WITH GAMMA GT) \* , Serum

SGOT / Aspartate Aminotransferase (AST)	33.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	27.60	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	16.60	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.30	gm/dl	6.2-8.0	BIRUET
Albumin	3.80	gm/dl	3.8-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.52		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	85.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF

### LIPID PROFILE ( MINI ) \* , Serum

Cholesterol (Total)	153.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	102	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	15.16	mg/dl	10-33	CALCULATED
Triglycerides	75.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

S.N. Sinha  
Dr.S.N. Sinha (MD Path)







# CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CVAR.0000020216	Received	: 10/Jul/2021 12:03:32
Visit ID	: CVAR0042192122	Reported	: 10/Jul/2021 13:18:18
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### URINE EXAMINATION, ROUTINE \* , Urine

Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 6.0 )			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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	ABSENT			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2





# CHANDAN DIAGNOSTIC CENTRE

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

## DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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*S.N. Sinha*  
Dr.S.N. Sinha (MD Path)







# CHANDAN DIAGNOSTIC CENTRE

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Age/Gender	: 34 Y 0 M 0 D /F	Collected	: 10/Jul/2021 11:50:32
UHID/MR NO	: CVAR.0000020216	Received	: 10/Jul/2021 16:18:11
Visit ID	: CVAR0042192122	Reported	: 10/Jul/2021 16:20:04
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	101.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	4.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.24	μIU/mL	0.27 - 5.5	CLIA

### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

- 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.

*S.N. Sinha*  
Dr.S.N. Sinha (MD Path)





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Age/Gender	: 34 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000020216	Received	: N/A
Visit ID	: CVAR0042192122	Reported	: 10/Jul/2021 13:08:26
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF X-RAY

### 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**

Dr. Raveesh Chandra Roy (MD-Radio)







# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF ULTRASOUND

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

The liver measures 11.3 cm in mid clavicular line. It is normal in shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.  
Gall bladder is well distended and is normal.  
Portal vein measures 6.8 mm in caliber. CBD measures 4.1 mm in caliber.  
Pancreas is normal in size, shape and echogenicity.  
Spleen is normal in size ( 8.7 cm in its long axis), shape and echogenicity.  
Right kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated. Right kidney measures : 9.3 x 3.3 cm.  
Left kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated. Left kidney measures : 9.5 x 3.7 cm.  
Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen. Prevoid urine volume 87 cc.  
Uterus is retroflexed. Size 82 x 49 x 43 mm /92 cc. No focal myometrial lesion seen. IUCD seen in uterine cavity.  
Bilateral ovaries are normal in size, shape and echogenicity.  
No free fluid is seen in the abdomen/pelvis.

### IMPRESSION:

- Normal study.
- IUCD in uterine cavity.

**Please correlate clinically.**

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

Result/s to Follow:

STOOL R/M, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG

Dr. Raveesh Chandra Roy (MD-Radio)

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 Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location

Page 10 of 10



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002

Mar. 2018





All fasting test completed at 12:15 hrs so I will  
not will do PPB and stool sample.

Shelam

Chandan Diagnostic Center  
99, Shivaji Nagar, Mahmooorganj  
Varanasi-221010 (U.P.)  
Phone No.: 0542-2228202







Since 1991



## CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediwheel, 203

Name of Executive: Sheelam Singh

Date of Birth: 20-01-1984

Sex: Male

Height: 153 cm

Weight: 55

BMI (Body Mass Index): 23.5

Chest (Expiration / Inspiration) 124 88 / 91

Abdomen: 82

Blood Pressure: 124 / 84

Pulse: 86 BPM

RR: 21 Perp min

Ident Mark: Male on Left Eye Side

Any Allergies: NO

Vertigo: Normal

Any Medications: NO

Any Surgical History: NO

Habits of alcoholism/smoking/tobacco: NO

Chief Complaints if any: NO

Lab Investigation Reports: Yes Attached

Eye Check up vision & Color vision: Normal

Left eye: Normal

Right eye: Normal

Near vision: Normal





## CHANDAN DIAGNOSTIC CENTRE

Far vision : normal  
ENT consultation : normal  
Dental Checkup : normal  
Eye Checkup : normal

### Final impression-

Certified that I examined Sheelam Kumar S/o or D/o .....  
is presently in good health and free from any cardio-respiratory/communicable  
ailment, he/she is Fit / Unfit to join any organization.

Sheelam  
**Client Signature**

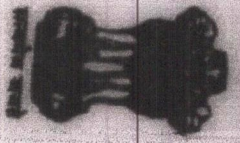
  
**Signature of Medical Examiner**

**Dr. R.C. ROY**  
MBBS., MD. (Radio Diagnosis)  
Reg. No.-26918

**Name & Qualification** Dr. R.C. Roy, MBBS, MD

**Date** 10/07/11 **Place** VARANASI





भारत सरकार

Government of India



Sheelam Singh

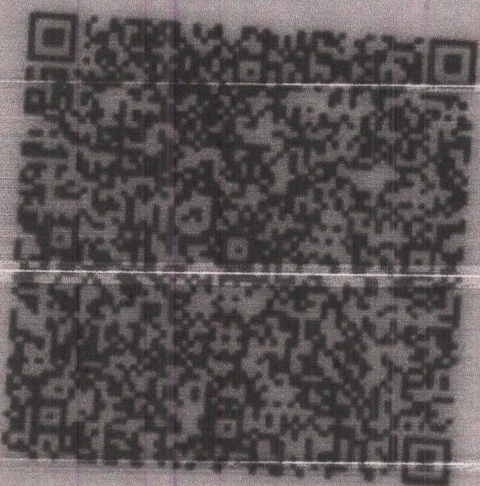
Year of Birth : 1987

Female

*Shubam*

Dr. P.C. ROY  
MBS, MD. (Radio Diagnosis)  
Reg. No. - 36518

6094 2716 5742



आधार - आज आदमी का अधिकार





99, Shivaji Nagar Colony,  
Mahmoorganj, Varanasi, Uttar Pradesh  
221010, India

Latitude

Longitude

25.305384°

82.979029°

LOCAL 10:31:50 SATURDAY 10.07.2021

GMT 05:01:50

ALTITUDE 19 METER