



Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SAURABH VERMA Registered On : 05/Jan/2024 12:02:26 Age/Gender : 31 Y 7 M 26 D /M Collected : 05/Jan/2024 12:18:50 UHID/MR NO : CHFD.0000278015 Received : 05/Jan/2024 12:27:29 Visit ID : CHFD0532102324 Reported : 05/Jan/2024 14:02:00

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

DEPARTMENT OF HAEMATOLOGY

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	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE	outset by		ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	e Blood			
TLC (WBC) DLC Polymorphs (Neutrophils)	6,500.00 58.00	g/dl /Cu mm %	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 4000-10000	
Lymphocytes	58.00 39.00	% %	55-70 25-40	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	12.00	Mm for 1st hr.		
Corrected	4.00	Mm for 1st hr.	< 9	
PCV (HCT) Platelet count	43.20	%	40-54	
Platelet Count	1.42	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	62.00	%	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)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.71	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.90	fl	80-100	CALCULATED PARAMETER
MCH	31.00	pg	28-35	CALCULATED PARAMETER
MCHC	33.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,770.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	130.00	/cu mm	40-440	









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Dr. MEDIWHEEL ACROFEMI Ref Doctor Status : Final Report

HEALTHCARE LTD FZD -

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

1	lest Name	Result	Unit	Bio. Ref. Interval	Method

GLUCOSE FASTING, Plasma

GOD POD Glucose Fasting 124.95 mg/dl < 100 Normal

100-125 Pre-diabetes ≥ 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.

Glucose PP **GOD POD** 131.56 mg/dl <140 Normal

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)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	35.10	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	107	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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Ref Doctor : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD - Status : Final Report

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	11.95	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.98	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	9.39	mg/dl	3.4-7.0	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	U	nit Bio. Ref. Interv	/al Method
SGOT / Aspartate Aminotransferase (AST)	40.62	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	62.58	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	23.28	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.69	gm/dl	6.2-8.0	BIURET
Albumin	4.93	gm/dl	3.4-5.4	B.C.G.
Globulin	2.76	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.79	g, a	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	80.02	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.16	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.34	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.82	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) *, Serum				
Cholesterol (Total)	239.97	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	67.09	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	131	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optim 130-159 Borderline Hig 160-189 High > 190 Very High	CALCULATED al
VLDL .	41.40	mg/dl	10-33	CALCULATED
Triglycerides	207.02	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-PAP h









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

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE * , υ	rine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++)	DIPSTICK
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT		The state of the s	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
NB03	MODELLI			EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
•				EXAMINATION
Others	ABSENT			









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Patient Name : Mr.SAURABH VERMA Registered On : 05/Jan/2024 12:02:27 Age/Gender : 31 Y 7 M 26 D /M Collected : 06/Jan/2024 14:32:54 UHID/MR NO : CHFD.0000278015 Received : 06/Jan/2024 18:22:00 Visit ID : CHFD0532102324 Reported : 06/Jan/2024 19:11:38

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

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

STOOL, ROUTINE EXAMINATION *, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT







CHANDAN DIAGNOSTIC CENTRE

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Patient Name

Since 1991

: Mr.SAURABH VERMA

Registered On Collected : 05/Jan/2024 12:02:28

Age/Gender UHID/MR NO : 31 Y 7 M 26 D /M

Received

: 05/Jan/2024 17:15:48 : 05/Jan/2024 18:01:25

Visit ID

: CHFD.0000278015 : CHFD0532102324

Reported

: 05/Jan/2024 18:46:50

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -

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, FASTING STAGE * , Urine

Sugar, Fasting stage

ABSENT

gms%

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

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

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	123.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.600	μIŪ/mL	0.27 - 5.5	CLIA
		v		
Interpretation:				
		0.3-4.5 $\mu IU/n$	nL First Trimes	ter
		0.5-4.6 μIU/n	nL Second Trin	nester
		0.8-5.2 μIU/m	L Third Trime	ster
		0.5-8.9 μIU/n	nL Adults	55-87 Years
		0.7-27 μIU/n	nL Premature	28-36 Week
		2.3-13.2 μIU/m		> 37Week
		0.7-64 μIU/m	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU		0-4 Days
		1.7-9.1 μIU/n		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.





CHANDAN DIAGNOSTIC CENTRE



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Patient Name :

: Mr.SAURABH VERMA

Registered On

: 05/Jan/2024 12:02:30

Age/Gender UHID/MR NO : 31 Y 7 M 26 D /M

Collected Received : N/A

Visit ID

: CHFD.0000278015 : CHFD0532102324

Reported

: 05/Jan/2024 17:04:06

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD - Status

. 03/3811/2024 17.0

DEF

us : Final Report

: N/A

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT

(300 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.

Adv: clinico-pathological correlation and further evaluation.

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CHANDAN DIAGNOSTIC CENTRE



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Patient Name : Mr.SAURABH VERMA Registered On : 05/Jan/2024 12:02:31

 Age/Gender
 : 31 Y 7 M 26 D /M
 Collected
 : N/A

 UHID/MR NO
 : CHFD.0000278015
 Received
 : N/A

Visit ID : CHFD0532102324 Reported : 05/Jan/2024 12:58:40

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• Liver is normal in size 14.41 cm and shows diffuse increase in echogenecity s/o fatty liver grade-I. No obvious focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size. GB Wall thicknes is normal.

PANCREAS

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

GREAT VESSELS

• Great vessels are normal.

KIDNEYS

- Both the kidneys are normal in size and cortical echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

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

LYMPH NODES

• No pre- or para - aortic lymph node mass is seen.

RETROPERITONEUM

• Retroperitoneum is free.

ILIAC FOSSAE & PERITONEUM

• Scan over the iliac fossae does not reveal any fluid collection or mass.









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Visit ID

Received : N/A

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Reported : 05/Jan/2024 12:58:40

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Dr.MEDIWHEEL ACROFEMI Ref Doctor HEALTHCARE LTD FZD -

Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Thevesico ureteric junctions are normal.

URINARY BLADDER

• The urinary bladder is normal.

PROSTATE

The Prostate gland is normal in size.

FINAL IMPRESSION:-

GRADE-I FATTY LIVER.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

Result/s to Follow:

ECG/EKG



Ultrasonologist

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





