



CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.KUSUM	Registered On	: 21/Jan/2024 12:44:37
Age/Gender	: 38 Y O M O D /F	Collected	: 21/Jan/2024 13:57:00
UHID/MR NO	: CHFD.0000279482	Received	: 21/Jan/2024 16:40:15
Visit ID	: CHFD0552192324	Reported	: 21/Jan/2024 19:24:22
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	10.80	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)	10,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	33.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	24.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	<20	
PCV (HCT)	33.60	%	40-54	
Platelet count				
Platelet Count	2.25	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)	45.20	%	35-60	ELECTRONIC IMPEDANCE





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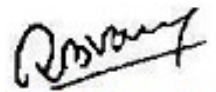


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PCT (Platelet Hematocrit)	0.28	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.97	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	84.60	fL	80-100	CALCULATED PARAMETER
MCH	32.10	pg	28-35	CALCULATED PARAMETER
MCHC	27.10	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	40.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,695.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	103.00	/cu mm	40-440	


Dr. R. B. Varshney
M.D. Pathology





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

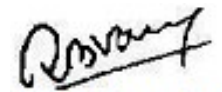
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GLUCOSE FASTING , Plasma

Glucose Fasting	101.71	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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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.


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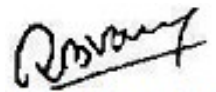
DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose PP <i>Sample: Plasma After Meal</i>	128.09	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.


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Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.60	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	49.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	142	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.

**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 VARIANT II TURBO 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





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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	7.54	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	0.73	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample: Serum	3.13	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	19.28	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	18.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	16.46	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.61	gm/dl	6.2-8.0	BIURET
Albumin	4.49	gm/dl	3.4-5.4	B.C.G.
Globulin	2.12	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.12		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	80.42	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.51	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.16	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.35	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) * , Serum

Cholesterol (Total)	180.19	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	60.85	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	97	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL Triglycerides	22.76 113.82	mg/dl	10-33 < 150 Normal	CALCULATED GPO-PAP





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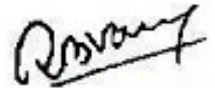
DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
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150-199 Borderline High
200-499 High
>500 Very High




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DEPARTMENT OF CLINICAL PATHOLOGY

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

Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
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	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	ABSENT			MICROSCOPIC EXAMINATION
Pus cells	5-10 PUS CELLS & FEW SQUAMOUS			
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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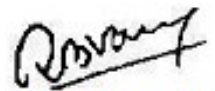
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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Interpretation:

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




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DEPARTMENT OF CLINICAL PATHOLOGY

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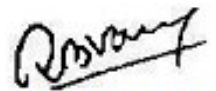
SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

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




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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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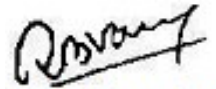
THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	149.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.200	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.
- 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.


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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

- *Heart shadow prominent.*
- *Cardiothoracic ratio 53%.*
- *Pulmonary roots are prominent.*
- *Accentuation of lung markings seen.*
- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.

IMPRESSION :

- **Borderline cardiomegaly.**

Adv: clinico-pathological correlation and further evaluation.

Dr Raveesh Chandra Roy (MD-Radio)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size in longitudinal span and has a normal homogenous echotexture. No 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 thickness 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.





CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.KUSUM	Registered On	: 21/Jan/2024 12:44:39
Age/Gender	: 38 Y O M O D /F	Collected	: N/A
UHID/MR NO	: CHFD.0000279482	Received	: N/A
Visit ID	: CHFD0552192324	Reported	: 21/Jan/2024 13:53:12
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI 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.
- The vesico - ureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

UTERUS

- The uterus is anteverted and normal in size 81 x 51 x 42 mm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- Cervix is normal.

ADNEXA & OVARIES

- Bilateral Adnexa and ovaries are normal.

FINAL IMPRESSION:-

- *No significant abnormality is seen in present study.*

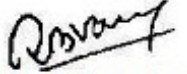
Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG




Dr. R. B. Varshney
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 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 14 of 14



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Home Sample Collection
1800-419-0002

Mar. 2018