

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar Ph: 7706041643,7706041644

CIN: U85196UP1992PLC014075



Patient Name : Mrs.KIRAN SRIVASTAVA Registered On : 08/Jul/2023 08:34:14 Age/Gender : 51 Y O M 6 D /F Collected : 08/Jul/2023 08:40:38 UHID/MR NO : IDCD.0000178561 Received : 08/Jul/2023 09:10:35 Visit ID : IDCD0153232324 Reported : 08/Jul/2023 13:11:22

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

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

Test Name Result Unit Bio. Ref. Interval Method

Blood Group (ABO & Rh typing) \*, Blood

Blood Group B

Rh (Anti-D) POSITIVE

Complete Blood Count (CBC) \*, Whole Blood

Haemoglobin

11.10

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) 4,700.00 /Cu mm **ELECTRONIC IMPEDANCE** 4000-10000 DLC Polymorphs (Neutrophils) 53.00 % 55-70 **ELECTRONIC IMPEDANCE** Lymphocytes % 25-40 **ELECTRONIC IMPEDANCE** 40.00 Monocytes 5.00 % 3-5 **ELECTRONIC IMPEDANCE** Eosinophils 2.00 % 1-6 **ELECTRONIC IMPEDANCE** Basophils 0.00 % < 1 **ELECTRONIC IMPEDANCE ESR** Observed 26.00 Mm for 1st hr. Corrected 12.00 Mm for 1st hr. < 20 PCV (HCT) 34.00 % 40-54 Platelet count Platelet Count 1.60 LACS/cu mm 1.5-4.0 **ELECTRONIC** IMPEDANCE/MICROSCOPIC fl PDW (Platelet Distribution width) 15.90 9-17 **ELECTRONIC IMPEDANCE** P-LCR (Platelet Large Cell Ratio) 52.30 % 35-60 **ELECTRONIC IMPEDANCE** 0.108-0.282 PCT (Platelet Hematocrit) 0.20 % **ELECTRONIC IMPEDANCE** MPV (Mean Platelet Volume) 13.70 fl 6.5-12.0 **ELECTRONIC IMPEDANCE RBC Count RBC Count** 3.83 Mill./cu mm 3.7-5.0 **ELECTRONIC IMPEDANCE Blood Indices (MCV, MCH, MCHC)** 







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Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	88.00	fl	80-100	CALCULATED PARAMETER
MCH	29.00	pg	28-35	CALCULATED PARAMETER
MCHC	33.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,491.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	94.00	/cu mm	40-440	







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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , Plasma				
Glucose Fasting	91.90	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

## **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	103.20	mg/dl	<140 Normal	<b>GOD POD</b>
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.
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### DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit Bio. F	Ref. Interval	Method	
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD				
Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP		HPLC (NGSP)	
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC			
Estimated Average Glucose (eAG)	102	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.

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 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





<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 FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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.



Dr. Anupam Singh (MBBS MD Pathology)







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## DEPARTMENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	7.33	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.92	mg/dl	Serum 0.5-1.2 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	3.20	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect)	34.20 13.70 18.70 6.27 4.16 2.11 1.97 160.40 0.63 0.22 0.41	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.4-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIURET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
Cholesterol (Total)	172.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	47.20 70	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL Triglycerides	55.08 275.40	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High	CALCULATED GPO-PAP







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## CHANDAN DIAGNOSTIC CENTRE

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: IDCD0153232324 Dr. Mediwheel - Arcofemi Health Care Ltd.

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## **DEPARTMENT OF BIOCHEMISTRY**

## MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

**Test Name** Result Unit Bio. Ref. Interval Method









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# DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>URINE EXAMINATION, ROUTINE *</b>	, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 6.5 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
ougui	ABOLITI	9111070	0.5-1.0 (++)	Birottok
			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	0-1/h.p.f			MICROSCOPIC
Dan as He	0.1/1 6			EXAMINATION
Pus cells	0-1/h.p.f			MICDOCCODIC
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			LAAMINATION
Crystals	ABSENT			MICROSCOPIC
o. Jotalo	7.1502.11			EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

## **Interpretation:**

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2







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## **DEPARTMENT OF CLINICAL PATHOLOGY** MEDIWHEEL BANK OF BARODA FEMALE 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%







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### DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	al Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	115.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.52	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
mer pretation.		0.3-4.5 μIU/r	nL First Trime	ster
		0.5-4.6 μIU/r		
		0.8-5.2 μIU/r	nL Third Trime	ester
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r	nL Child(21 w	k - 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/r		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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection 1800-419-0002



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## DEPARTMENT OF X-RAY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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: NORMAL SKIAGRAM

Dr. Anil Kumar Verma (MBBS,DMRD)







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

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

### **LIVER**

• Liver is normal in size ( ~ 149.3 mm) in cranio caudal extent, shows diffuse bright echoes. No focal lesion is seen.

#### **PORTAL SYSTEM**

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

## **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta.
- Gall bladder wall is thick and shows echoegnic foci embedded in gall bladder wall, which are showing comet tail artifact. Lumen of the gall bladder is anechoic.

## **PANCREAS**

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

## **RIGHT KIDNEY**

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

## **LEFT KIDNEY**

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.



Home Sample Collection 1800-419-0002



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

• Renal respiratory excursions are normal.

#### **SPLEEN**

• Mild splenomegaly present, measures 114.4 mm with normal homogenous echotexture. No focal lesion is seen.

## **ILIAC FOSSA**

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

## **URINARY BLADDER**

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

#### **UTERUS**

Uterus is not seen, (history of surgery).

## **IMPRESSION**

- GRADE I FATTY CHANGES IN LIVER.
- HYPERTROPHIC CHOLECYSTOSIS GALL BLADDER.
- MILD SPLENOMEGALY.

Typed by- anoop

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



Dr. Anoop Agarwal

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 8 365 Days Open





