

Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN: U85110DL2003PLC308206





Patient Name : Ms.PRIYANKA SHARMA-ANNUAL Registered On : 27/Sep/2021 09:31:02 Age/Gender Collected : 27/Sep/2021 09:41:54 : 26 Y 0 M 0 D /F UHID/MR NO : 27/Sep/2021 09:47:30 : IDUN.0000150835 Received Visit ID Reported : 27/Sep/2021 11:54:28 : IDUN0263942122

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

### **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) \*, Blood

**Blood Group** 0 Rh (Anti-D) **POSITIVE** 

COMPLETE BLOOD COUNT (CBC) * , E	Blood			
Haemoglobin	13.10	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	5,810.00	/Cu mm	4000-10000	ELECTRONIC
				IMPEDANCE
DLC				
Polymorphs (Neutrophils )	42.00	%	55-70	ELECTRONIC
Lymphocytes	41.70	%	25-40	IMPEDANCE ELECTRONIC
Lymphocytes	41.70	/0	25-40	IMPEDANCE
Monocytes	6.40	%	3-5	ELECTRONIC
				IMPEDANCE
Eosinophils	9.20	%	1-6	ELECTRONIC
6 11	0.70	0/	1	IMPEDANCE
Basophils	0.70	%	< 1	ELECTRONIC - IMPEDANCE
ESR				IIVII EDANCE
Observed	18.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	38.50	cc %	40-54	
Platelet count				
Platelet Count	2.57	LACS/cu mm	1.5-4.0	ELECTRONIC
		_		IMPEDANCE
PDW (Platelet Distribution width)	11.60	fL	9-17	ELECTRONIC
P-LCR (Platelet Large Cell Ratio)	36.30	%	35-60	IMPEDANCE ELECTRONIC
r-Lon (riatelet Large Cell Natio)	30.30	70	33-00	IMPEDANCE
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC
				IMPEDANCE
MPV (Mean Platelet Volume)	10.10	fL	6.5-12.0	ELECTRONIC
RBC Count				IMPEDANCE
	2.07	N 4:11 / 0	2750	FLECTDONIC
RBC Count	3.97	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
				IIVII LDAINOL







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### **DEPARTMENT OF HAEMATOLOGY**

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	96.80	fl	80-100	CALCULATED PARAMETER
MCH	32.80	pg	28-35	CALCULATED PARAMETER
MCHC	33.90	, %	30-38	CALCULATED PARAMETER
RDW-CV	11.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	2,450.00 530.00	/cu mm /cu mm	3000-7000 40-440	











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#### **DEPARTMENT OF BIOCHEMISTRY**

Status

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	al Method
Glucose Fasting Sample:Plasma	95.38	100-1	Normal   25 Pre-diabetes   Diabetes	GOD POD

#### **Interpretation:**

Ref Doctor

- 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 Sample:Plasma After Meal	85.16	mg/dl	<140 Normal 140-199 Pre-diabetes	GOD POD
			>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)	4.39	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	24.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	79	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.









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#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

#### **Clinical Implications:**

BUN (Blood Urea Nitrogen) \*

7.30

mg/dL

7.0-23.0

**CALCULATED** 





<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

<sup>\*</sup>Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

<sup>\*</sup>With optimal control, the HbA 1c moves toward normal levels.

<sup>\*</sup>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

<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>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.



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### **DEPARTMENT OF BIOCHEMISTRY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Uni	it Bio. Ref. Interv	al Method	
Sample:Serum					
Creatinine Sample:Serum	0.88	mg/dl	0.5-1.2	MODIFIED JAFFES	
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	83.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED	
Uric Acid Sample:Serum	4.17	mg/dl	2.5-6.0	URICASE	
L.F.T.(WITH GAMMA GT) * , Serum					
SGOT / Aspartate Aminotransferase (AST)	23.75	U/L	< 35	IFCC WITHOUT P5P	
SGPT / Alanine Aminotransferase (ALT)	10.00	U/L	< 40	IFCC WITHOUT P5P	
Gamma GT (GGT)	67.10	IU/L	11-50	OPTIMIZED SZAZING	
Protein	6.52	gm/dl	6.2-8.0	BIRUET	
Albumin	5.02	gm/dl	3.8-5.4	B.C.G.	
Globulin	1.50	gm/dl	1.8-3.6	CALCULATED	
A:G Ratio	3.35		1.1-2.0	CALCULATED	
Alkaline Phosphatase (Total)	60.48	U/L	42.0-165.0	IFCC METHOD	
Bilirubin (Total)	0.95	mg/dl	0.3-1.2	JENDRASSIK & GROF	
Bilirubin (Direct)	0.43	mg/dl	< 0.30	JENDRASSIK & GROF	
Bilirubin (Indirect)	0.52	mg/dl	< 0.8	JENDRASSIK & GROF	
LIPID PROFILE (MINI) *, Serum					
Cholesterol (Total)	132.79	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP	
HDL Cholesterol (Good Cholesterol)	34.80	mg/dl	30-70	DIRECT ENZYMATIC	
LDL Cholesterol (Bad Cholesterol)	85	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High		
VLDL	12.75	mg/dl	10-33	CALCULATED	
Triglycerides  Sign Sign Sign Sign Sign Sign Sign Sign	63.74	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP  DR. RITU KAI  MD (PATHOLI	







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

### **DEPARTMENT OF CLINICAL PATHOLOGY**

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTI	NE * , Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		•	10-40 (+)	
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
Sugai	ADSENT	g111370	0.5-1.0 (++)	DII STICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	5-6/H.P.F			MICROSCOPIC
				EXAMINATION
Pus cells	1-2/h.p.f			MICROSCOPIC
DD2	ADCENIT			EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			EXAMINATION
Crystals	ABSENT			MICROSCOPIC
or ystais	ADSLINI			EXAMINATION
Others	ABSENT			











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Registered On Collected

: 27/Sep/2021 09:31:03 : 27/Sep/2021 13:04:40

UHID/MR NO Visit ID

: IDUN.0000150835 : IDUN0263942122

Received Reported : 27/Sep/2021 13:16:43

: 28/Sep/2021 08:57:16

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### **DEPARTMENT OF CLINICAL PATHOLOGY**

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

### 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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#### 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)	180.90	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.70	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.23	μIU/mL	0.27 - 5.5	CLIA
		,		
Interpretation:				
		0.3-4.5 μIU/m	L First Trimester	
		0.5-4.6 μIU/m		
		0.8-5.2 µIU/m		
		0.5-8.9 $\mu$ IU/m		5-87 Years
		0.7-27 $\mu IU/m$		28-36 Week
		2.3-13.2 $\mu IU/m$		> 37Week
		0.7-64 μIU/m		
		1-39 µIU/		-4 Days
		1.7-9.1 μIU/m	L 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.



DR. RITU KALIA MD (PATHOLOGY)







Age/Gender

UHID/MR NO

### CHANDAN DIAGNOSTIC CENTRE

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### **DEPARTMENT OF X-RAY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

# X-RAY DIGITAL CHEST PA \* **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: NORMAL X-RAY** 



Dr. Amit Bhandari MBBS MD RADIOLOGY









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# DEPARTMENT OF ULTRASOUND

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

#### **LIVER**

• The liver is normal in size and has a normal homogenous echotexture. No focal lesion is seen.

### **PORTAL SYSTEM**

- The intra hepatic portal channels are normal.
- Portal vein measured 10.0 mms. (Normal) at the porta.

#### **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- · Common duct measured 3.0 mms. (Normal) at the porta.
- The gall bladder is normal in size and has regular walls measuring 2.0 mms. in thickness (normal) Lumen of the gall bladder is anechoic.

#### **PANCREAS**

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

#### **GREAT VESSELS**

Great vessels are normal.

### **RIGHT KIDNEY**

- The right kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

### **LEFT KIDNEY**

- The left kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

### **SPLEEN**

The spleen is normal in size and has a homogenous echotexture.

#### **LYMPHNODES**

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



Home Sample Collection 1800-419-0002



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# **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Status

#### **URETERS**

Both ureters are normal.

#### **URINARY BLADDER**

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

### **UTERUS & CERVIX**

 The uterus is normal in size for age. It has a homogenous myometrial echotexture. The endometrial echo is in mid line. The cervix is normal.

#### **UTERINE ADNEXA**

No mass is seen in adnexa

#### **CUL-DE-SAC**

• Pouch of Douglas is clear.

### **IMPRESSION**

#### NO SIGNIFICANT ABNORMALITY IS DETECTED RADIOLOGICALLY

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

(\*) Test not done under NABL accredited Scope

Result/s to Follow: ECG/EKG





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





