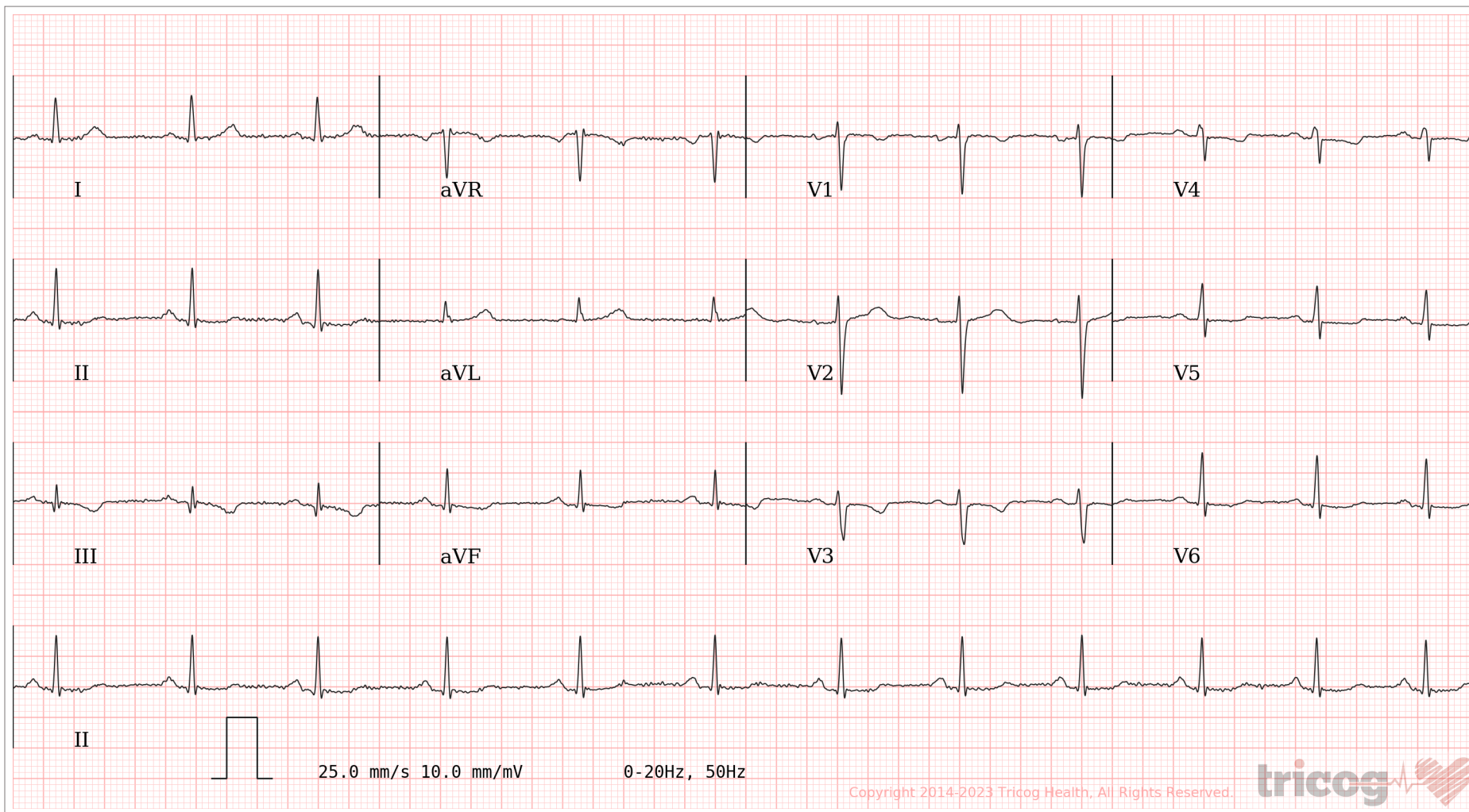


Chandan Diagnostic



Age / Gender: 43/Female
Patient ID: IDUN0258982324
Patient Name: Mrs.RAMA SHARMA-31700

Date and Time: 15th Oct 23 11:01 AM



AR: 74bpm VR: 74bpm QRSD: 72ms QT: 370ms QTcB: 410ms PRI: 160ms P-R-T: 63° 41° -13°

Abnormal: Sinus Rhythm, Sinus Arrhythmia Seen, Non-specific ST/T Wave Changes. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Prathima S.K

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

63382



CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.RAMA SHARMA-31700	Registered On	: 15/Oct/2023 10:11:03
Age/Gender	: 43 Y 0 M 0 D /F	Collected	: 15/Oct/2023 10:22:04
UHID/MR NO	: IDUN.0000212674	Received	: 15/Oct/2023 10:57:00
Visit ID	: IDUN0258982324	Reported	: 15/Oct/2023 12:15:22
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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	9.60	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)	3,790.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	53.70	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	38.30	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.10	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.60	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.30	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	18.00	Mm for 1st hr.		
Corrected	--	Mm for 1st hr.	<20	
PCV (HCT)	30.90	%	40-54	
Platelet count				
Platelet Count	1.45	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	14.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	35.60	%	35-60	ELECTRONIC IMPEDANCE





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.15	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	3.80	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	81.30	fL	80-100	CALCULATED PARAMETER
MCH	25.40	pg	28-35	CALCULATED PARAMETER
MCHC	31.20	%	30-38	CALCULATED PARAMETER
RDW-CV	17.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	52.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,040.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	90.00	/cu mm	40-440	

DR. RITU BHATIA
MD (Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235501532, 01352710192
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RAMA SHARMA-31700	Registered On	: 15/Oct/2023 10:11:06
Age/Gender	: 43 Y 0 M 0 D /F	Collected	: 15/Oct/2023 10:22:03
UHID/MR NO	: IDUN.0000212674	Received	: 15/Oct/2023 10:57:00
Visit ID	: IDUN0258982324	Reported	: 15/Oct/2023 14:40:18
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING, Plasma

Glucose Fasting	85.98	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 diabetics 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)	4.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	26.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	83	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





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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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*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
**Some danger of hypoglycemic reaction in Type I diabetics. 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 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	10.41	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	0.60	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample: Serum	4.23	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	62.65	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	63.83	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	55.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.68	gm/dl	6.2-8.0	BIURET
Albumin	4.67	gm/dl	3.4-5.4	B.C.G.
Globulin	3.01	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.55		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	139.41	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.07	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.41	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.66	mg/dl	< 0.8	JENDRASSIK & GROF





CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mrs.RAMA SHARMA-31700	Registered On	: 15/Oct/2023 10:11:06
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Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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LIPID PROFILE (MINI) * , Serum

Cholesterol (Total)	186.50	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	50.99	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	121	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.77	mg/dl	10-33	CALCULATED
Triglycerides	73.86	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

DR. RITU BHATIA
MD (Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235501532, 01352710192
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RAMA SHARMA-31700	Registered On	: 15/Oct/2023 10:11:04
Age/Gender	: 43 Y 0 M 0 D /F	Collected	: 15/Oct/2023 10:22:04
UHID/MR NO	: IDUN.0000212674	Received	: 15/Oct/2023 10:57:00
Visit ID	: IDUN0258982324	Reported	: 15/Oct/2023 12:33:06
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.5)			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	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	5-8/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	0-1/h.p.f			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

DR. RITU BHATIA
MD (Pathology)





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.RAMA SHARMA-31700	Registered On	: 15/Oct/2023 10:11:06
Age/Gender	: 43 Y 0 M 0 D /F	Collected	: 15/Oct/2023 10:22:03
UHID/MR NO	: IDUN.0000212674	Received	: 16/Oct/2023 12:39:08
Visit ID	: IDUN0258982324	Reported	: 16/Oct/2023 14:35:56
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

T3, Total (tri-iodothyronine)	124.15	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.990	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.

Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235501532, 01352710192
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RAMA SHARMA-31700	Registered On	: 15/Oct/2023 10:11:08
Age/Gender	: 43 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: IDUN.0000212674	Received	: N/A
Visit ID	: IDUN0258982324	Reported	: 15/Oct/2023 13:25:24
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

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

- 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 : NO SIGNIFICANT ABNORMALITY DETECTED

Dr. Amit Bhandari MBBS MD RADIOLOGY





CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mrs.RAMA SHARMA-31700	Registered On	: 15/Oct/2023 10:11:08
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UHID/MR NO	: IDUN.0000212674	Received	: N/A
Visit ID	: IDUN0258982324	Reported	: 15/Oct/2023 10:47:03
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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.

URETERS





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

- 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 thickness is 8.4 mms.
- Nabothian cyst measuring 6.9 x 4.0 mms is seen in cervix.

UTERINE ADNEXA

- No mass is seen in adnexa.

CUL-DE-SAC

- Small amount of fluid is seen in cul-de-sac.

IMPRESSION

NABOTHIAN CYST IN CERVIX WITH SMALL AMOUNT OF FLUID IN CUL-DE-SAC CAUSE ? PELVIC INFLAMMATORY DISEASE


*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, FASTING STAGE, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION

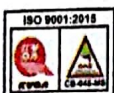



DR. R B KALIA
MD (RADIOLOGIST)

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 *
365 Days Open *Facilities Available at Select Location

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Home Sample Collection
1800-419-0002

Mar. 2018