

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.SUFIA KHATOON Registered On : 28/Aug/2022 09:08:00 Collected Age/Gender : 28/Aug/2022 09:21:19 : 31 Y 00 M 00 D /F UHID/MR NO : CALI.0000036624 Received : 28/Aug/2022 13:49:06 Visit ID Reported : 28/Aug/2022 18:00:39 : CALI0057202223

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. 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

Rh ( Anti-D) POSITIVE

Complete Blood Count (CBC) \*\*, Whole Blood

Haemoglobin	10.00	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/d	I
TLC (WBC)	6,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	22.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	28.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	. < 20	
PCV (HCT)	30.00	cc %	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
DDW (Distribution width)	22.20	fĹ	9-17	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	22.30			
P-LCR (Platelet Large Cell Ratio)	68.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.17	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.52	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE







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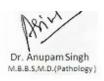
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### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	87.60	fl	80-100	CALCULATED PARAMETER
MCH	28.40	pg	28-35	CALCULATED PARAMETER
MCHC	32.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,692.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	345.00	/cu mm	40-440	











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Patient Name : Mrs.SUFIA KHATOON : 28/Aug/2022 09:08:01 Registered On Age/Gender Collected : 31 Y 00 M 00 D /F : 28/Aug/2022 09:21:19 UHID/MR NO : CALI.0000036624 Received : 28/Aug/2022 13:42:46 Visit ID : CALI0057202223 Reported : 28/Aug/2022 15:17:42

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

#### **DEPARTMENT OF BIOCHEMISTRY**

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

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

**GLUCOSE FASTING** \*\*, Plasma

**GOD POD** Glucose Fasting 81.60 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 \*\* 92.70 mg/dl **GOD POD** <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) 4.80 % NGSP HPLC (NGSP) Glycosylated Haemoglobin (HbA1c) 29.00 mmol/mol/IFCC Estimated Average Glucose (eAG) 91 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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#### **DEPARTMENT OF BIOCHEMISTRY**

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

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)	<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 G8 90 SL TOSOH 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.





<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 MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	nit Bio. Ref. Interva	al Method
BUN (Blood Urea Nitrogen) ** Sample:Serum	8.78	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.66	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid ** Sample:Serum	3.00	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)	25.90 18.80 13.50 7.04 4.44 2.60 1.71 76.00 0.49 0.19 0.30	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 3.8-5.4 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 BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
Cholesterol (Total)	168.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	57.70 97	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	DIRECT ENZYMATIC CALCULATED
VLDL Triglycerides	12.88 64.40	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High	CALCULATED GPO-PAP  Dr. Anupam Singh M.B.B.S,M.D.(Pathology)







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### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

est Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE ** ,	Urine			
Color Specific Gravity Reaction PH Protein	LIGHT YELLOW 1.010 Acidic ( 5.0 ) ABSENT	mg %	< 10 Absent	DIPSTICK DIPSTICK
			10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone Bile Salts	ABSENT ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Pigments  Urobilinogen(1:20 dilution)  Microscopic Examination:	ABSENT ABSENT			
Epithelial cells	1-2/h.p.f			MICROSCOPIC
The second second				EXAMINATION
Pus cells RBCs	ABSENT ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
JGAR, 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 MALE & FEMALE BELOW 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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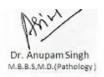
## **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	114.52	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.38	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
· -		0.3-4.5 μIU/r	nL First Trimes	ter
		0.5-4.6 μIU/r	nL Second Trim	nester
		0.8-5.2 μIU/n	nL Third Trimes	ster
		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/n	nL Cord Blood	> 37Week
		0.7-64 μIU/n		- 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/r		2-20 Week
		I Ad A		

- 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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Patient Name : Mrs.SUFIA KHATOON Registered On : 28/Aug/2022 09:08:02

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 : 31 Y 00 M 00 D /F
 Collected
 : N/A

 UHID/MR NO
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 Received
 : N/A

Visit ID : CALI0057202223 Reported : 28/Aug/2022 12:14:25

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

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

X-RAY DIGITAL CHEST PA \*
(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### **DIGITAL CHEST P-A VIEW**

- 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 DIAGNOSTIC ABNORMALITY SEEN.** 



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)









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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 13.3 cm 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 and has regular walls. Lumen of the gall bladder is anechoic.

#### **PANCREAS**

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

### KIDNEYS

- Right kidney is normal in size 10.0 x 3.3 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size 9.2 x 4.1 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

#### **SPLEEN**

• The spleen is normal in size 9.2 cm and has a normal homogenous echo-texture.

### ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

#### URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus seen.

#### UTERUS

• The uterus is anteverted and normal in size 3.7 x 4.3 x 7.1 cm.







Age/Gender

UHID/MR NO

## INDRA DIAGNOSTIC CENTRE

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### DEPARTMENT OF ULTRASOUND

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

- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. ET measures ~ 11 mm.
- Cervix is normal.

### **ADNEXA & OVARIES**

- Adnexa are normal.
- Both the ovaries are normal in size and echotexture.
- Right ovary measures ~ 2.0 x 2.4 x 3.4 cm (volume 9.3 cc).
- Left ovary measures ~ 2.1 x 3.0 x 3.3 cm (volume 11.9 cc).

#### FINAL IMPRESSION:-

NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

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

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG/EKG



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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



