



# CHANDAN DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar  
Ph: 7706041643,7706041644  
CIN : U85196UP1992PLC014075



Patient Name	: Mr.VIVEK AWASTHI	Registered On	: 12/Mar/2023 09:31:44
Age/Gender	: 26 Y 7 M 15 D /M	Collected	: 12/Mar/2023 09:43:39
UHID/MR NO	: IDCD.0000167456	Received	: 12/Mar/2023 09:58:15
Visit ID	: IDCD0442402223	Reported	: 12/Mar/2023 14:35:29
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	AB
Rh ( Anti-D)	POSITIVE

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

Haemoglobin	16.70	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)	6,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	58.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	6.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	<9	
PCV (HCT)	50.00	%	40-54	
Platelet count				
Platelet Count	2.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	27.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<u>RBCCount</u>				
RBC Count	4.98	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	102.60	fl	80-100	CALCULATED PARAMETER
MCH	33.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	52.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,886.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	134.00	/cu mm	40-440	



Dr. Shoaib Irfan (MBBS, MD, PDCC)





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Age/Gender	: 26 Y 7 M 15 D /M	Collected	: 12/Mar/2023 14:34:39
UHID/MR NO	: IDCD.0000167456	Received	: 12/Mar/2023 15:09:39
Visit ID	: IDCD0442402223	Reported	: 12/Mar/2023 15:59:23
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
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	93.50	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### 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 diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

Glucose PP Sample: Plasma After Meal	117.20	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### 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 diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

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Visit ID	: IDCD0442402223	Reported	: 12/Mar/2023 16:12:01
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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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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.70	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	28.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	88	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 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





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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.



**Dr. Anupam Singh (MBBS MD Pathology)**





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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample:Serum</i>	9.39	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.99	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid <i>Sample:Serum</i>	5.82	mg/dl	3.4-7.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	37.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	27.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	18.80	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.28	gm/dl	6.2-8.0	BIRUET
Albumin	3.83	gm/dl	3.8-5.4	B.C.G.
Globulin	2.45	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.56		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	98.25	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.10	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.80	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	127.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	34.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	67	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	25.52	mg/dl	10-33	CALCULATED
Triglycerides	127.60	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP





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>500 Very High



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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
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#### URINE EXAMINATION, ROUTINE\* , Urine

Color	PALE YELLOW			
Specific Gravity	1.010			
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	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	ABSENT			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
ABSENT				

#### STOOL, ROUTINE EXAMINATION\* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.5 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT







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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
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
ABSENT				

#### SUGAR, FASTING STAGE\* , Urine

Sugar, Fasting stage ABSENT gms%

#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++)
- (++++)

#### SUGAR, PP STAGE\* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++)
- (++++)

Dr. Shoaib Irfan (MBBS, MD, PDCC)





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Visit ID	: IDCD0442402223	Reported	: 12/Mar/2023 14:57:39
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## DEPARTMENT OF IMMUNOLOGY

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

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

T3, Total (tri-iodothyronine)	136.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.73	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)





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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

- 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 :    N O R M A L    S K I A G R A M**

  
Dr. Anoop Agarwal  
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

- Liver is normal in size measures 146.4 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.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. 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.





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- Renal respiratory excursions are normal.

#### SPLEEN

- The spleen is normal in size and has a 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.
- Pre void urine volume is ml.
- Post void residual urine volume is ml.

#### PROSTATE

- Prostate gland is normal in size & echotexture is homogenous.

#### IMPRESSION

- **GRADE-I FATTY CHANGES IN LIVER.**


Typed by- anoop

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

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

Result/s to Follow:  
ECG/EKG



  
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 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

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Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002

Mar. 2018

**Health Check up Booking Re Schedule Request(bobE18241),Package Code-PKG10000238, Beneficiary Code-47626**

1 message

**Mediwheel** <wellness@mediwheel.in>  
To: anurag.idc@gmail.com  
Cc: mediwheelwellness@gmail.com

Tue, Feb 21, 2023 at 1:52 PM



**Mediwheel**  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear **Chandan Healthcare Limited,**

Diagnostic/Hospital Location :**Indradeep Comlex, Sanjay Gandhi Puram, City: Lucknow**

We regret to state that following request for Health check up appointment has been Re Scheduled by you. Please let us know if request had not been Re Schedule from your end. We will ask the user to make a fresh request for the same.

**Booking Code** : bobE18241

**Appointment Date** : 12-03-2023

**Appointment Time** : 9:00am-10:00am

**Beneficiary Name** : MR. AWASTHI VIVEK

**Package Name** : Full Body Health Checkup Male Below 40

**Member Age** : 24

**Member Relation** : Employee

**Member Gender** : Male

**Address of Diagnostic/Hospital** : Indradeep Comlex, Sanjay Gandhi Puram

**City** : Lucknow

**State** : Uttar Pradesh

**Pincode** : 226016

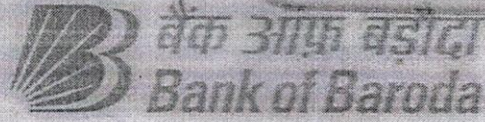
**Contact Details** : 7388113132

**Email** : anurag.idc@gmail.com

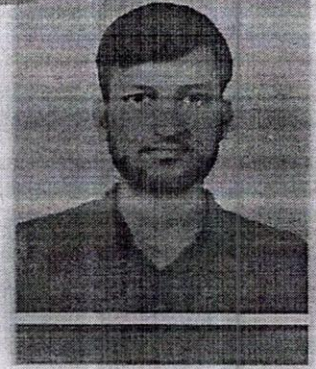
Please login to your account to confirm the same. Also you mail us for confirmation.



12/3/23  
mediwheel  
PC-2613

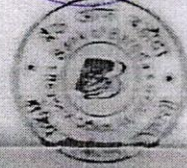


बैंक ऑफ़ बड़ोदा  
Bank of Baroda



नाम विवेक अवस्थी  
Name **VIVEK AWASTHI**

कर्मचारी कूट क्र. 181885  
E.C. No.



जारीकर्ता प्राधिकारी, क्षेत्रीय प्रबंधक (वा.क्षे.)

Issuing Authority, Regional Manager (V.R.)

*Vivek Awasthi*

धारक के हस्ताक्षर

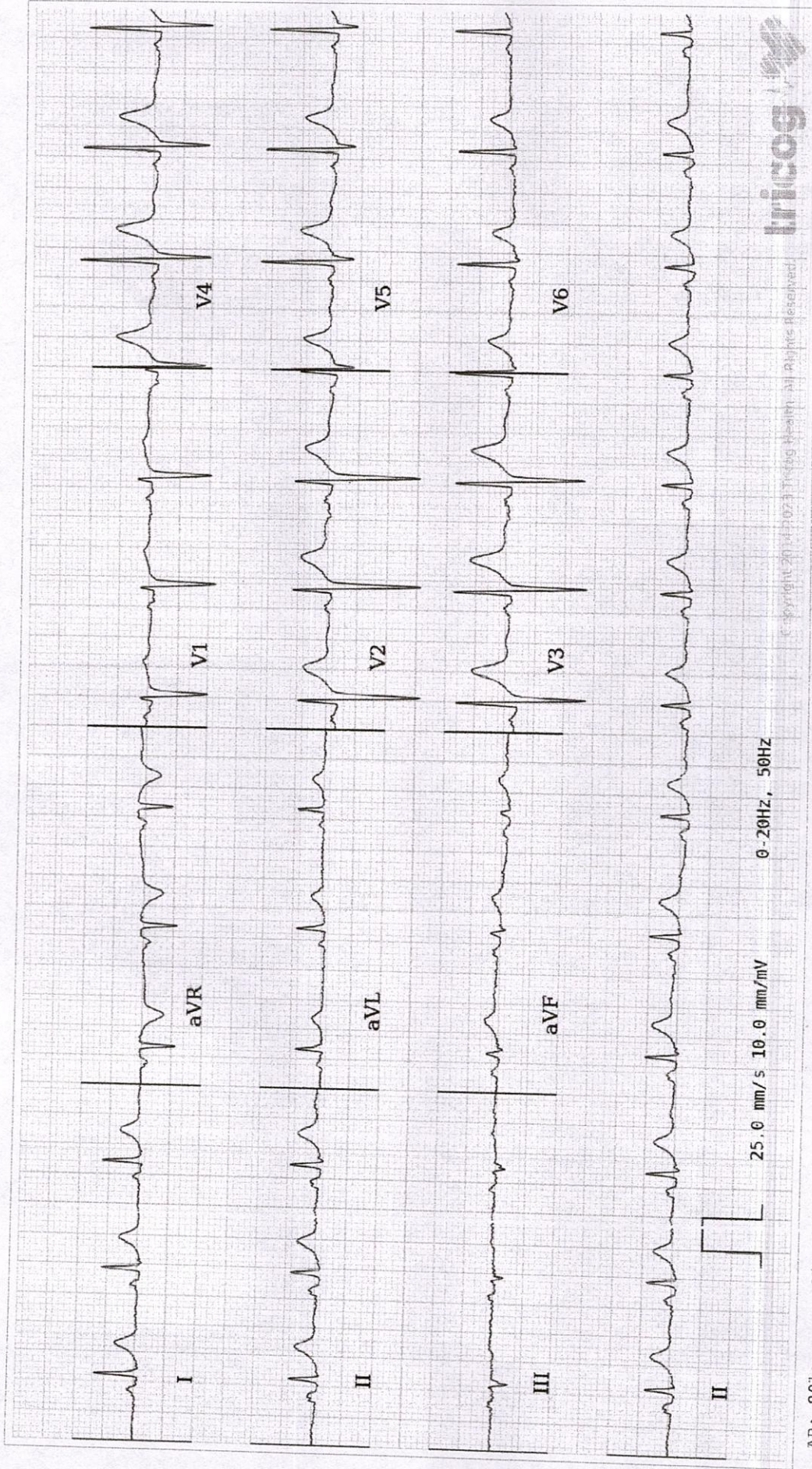
Signature of Holder

*Vivek Awasthi*

Mwb- 7388113132

DOB- 27/07/1986

Age / Gender: 26/Male  
Date and Time: 12th Mar 23 9:55 AM  
Patient ID: IDC0442402223  
Patient Name: Mr. VIVEK AWASTHI




25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

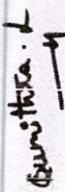
AR: 80bpm VR: 80bpm QRS D: 78ms QT: 336ms QTc: 387ms PRI: 128ms P-R-T: 51° 14° 36°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

  
Dr. Charit  
MD, DM: Cardiology  
63382

REPORTED BY

  
Dr. Sumithra L.

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.