



INDRA DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj
Ph: 9235432681,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SHIPRA PANDEY	Registered On	: 28/Nov/2021 09:23:17
Age/Gender	: 30 Y O M O D /F	Collected	: 28/Nov/2021 09:29:47
UHID/MR NO	: CALI.0000031181	Received	: 28/Nov/2021 12:19:30
Visit ID	: CALI0082392122	Reported	: 28/Nov/2021 15:36:36
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) ** , Blood

Haemoglobin	12.40	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl
TLC (WBC)	7,000.00	/Cu mm	4000-10000 ELECTRONIC IMPEDANCE
DLC			
Polymorphs (Neutrophils)	50.00	%	55-70 ELECTRONIC IMPEDANCE
Lymphocytes	40.00	%	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	18.00	Mm for 1st hr.	
Corrected	10.00	Mm for 1st hr.	< 20
PCV (HCT)	38.00	cc %	40-54
Platelet count			
Platelet Count	1.50	LACS/cu mm	1.5-4.0 ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17 ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	67.40	%	35-60 ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282 ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	16.20	fL	6.5-12.0 ELECTRONIC IMPEDANCE
RBC Count			
RBC Count	4.36	Mill./cu mm	3.7-5.0 ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)			
MCV	89.10	fl	80-100 CALCULATED PARAMETER
MCH	28.50	pg	28-35 CALCULATED PARAMETER
MCHC	32.00	%	30-38 CALCULATED PARAMETER
RDW	16.20	%	11-16 ELECTRIC
PLT	53.70	fL	35-60 ELECTRIC
Neutrophils Count	3,500.00	/cu mm	3000-7000
Eosinophils Count (AEC)	350.00	/cu mm	40-440



Anil
Dr. Anupam Singh
M.B.B.S,M.D.(Pathology)





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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	84.90	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.

Glucose PP **

Sample: Plasma After Meal

107.80	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	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.





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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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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 1 diabetics. 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

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.





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BUN (Blood Urea Nitrogen) **

Sample:Serum

11.00 mg/dL 7.0-23.0 CALCULATED

Creatinine **

Sample:Serum

0.76 mg/dl 0.5-1.2 MODIFIED JAFFES

e-GFR (Estimated Glomerular Filtration Rate) **

Sample:Serum

89.40 ml/min/1.73m² - 90-120 Normal
- 60-89 Near Normal CALCULATED

Uric Acid **

Sample:Serum

6.86 mg/dl 2.5-6.0 URICASE

L.F.T.(WITH GAMMA GT) **, Serum

SGOT / Aspartate Aminotransferase (AST)	46.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	52.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	15.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.16	gm/dl	6.2-8.0	BIRUET
Albumin	4.54	gm/dl	3.8-5.4	B.C.G.
Globulin	2.62	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.73		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	98.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.42	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.21	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.21	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) **, Serum

Cholesterol (Total)	232.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	64.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	145	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
	22.88	mg/dl	10-33	CALCULATED
	114.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



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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	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			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	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	2-4/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

STOOL, ROUTINE EXAMINATION ** , Stool

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

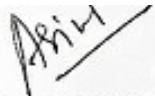
SUGAR, PP STAGE ** , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%




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M.B.B.S, M.D. (Pathology)





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

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

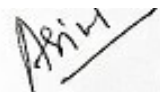
T3, Total (tri-iodothyronine)	120.65	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.95	μIU/mL	0.27 - 5.5	CLIA

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
M.B.B.S, M.D. (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

- 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 borderline enlarged in size (measures 15.5 cms) and shows diffused raised echogenicity of hepatic parenchyma S/O grade I fatty liver. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatitis 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, position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size, 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 ~ 11.0 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.
- An illdefined small heterogenous hypoechoic nodular lesion measuring 4.8 x 6.3 mm seen in anterior abdominal wall layer in left iliac fossa. Just above the transverse lower abdominal incision site.

URINARY BLADDER





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- 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 4.0 x 4.5 x 6.1 cms
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. It measures 5.0 mm
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both the ovaries are normal in size.
- Right ovary measures 1.8 x 2.1 cms.
- Left ovary measures 1.8 x 2.0 cms

FINAL IMPRESSION:-

- **SMALL ILLDEFINED SOFT TISSUE NODULE IN ANTERIOR ABDOMINAL WALL LAYER IN LEFT ILIAC FOSSA.(? ENDOMETRIOSIS).**
- **BORDERLINE HEPATOMEGALY WITH GRADE I FATTY LIVER**

Adv: Clinico-pathological correlation and follow-up.

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

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
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 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

Page 10 of 10



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Home Sample Collection
1800-419-0002

Mar. 2018