



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-2223232
CIN : U85110DL2003PLC308206



Patient Name	: Mr.CHANDRAKANTH TRIGUN-PKG10000238	Registered On	: 14/Jun/2021 12:54:13
Age/Gender	: 31 Y O M O D /M	Collected	: 14/Jun/2021 13:58:06
UHID/MR NO	: CVAR.0000019561	Received	: 14/Jun/2021 13:59:13
Visit ID	: CVAR0035262122	Reported	: 14/Jun/2021 14:38:59
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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HAEMOGRAM * , Blood

Haemoglobin	15.20	g/dl	13.5-17.5	PHOTOMETRIC
Blood Group (ABO & Rh typing)	AB POSITIVE			
TLC (WBC)	10,000	/Cu mm	4000-10000	MICROSCOPIC EXAMINATION

DLC

Polymorphs (Neutrophils)	60.00	%	55-70	MICROSCOPIC EXAMINATION
Lymphocytes	29.00	%	25-40	MICROSCOPIC EXAMINATION
Monocytes	8.00	%	3-5	MICROSCOPIC EXAMINATION
Eosinophils	3.00	%	1-6	MICROSCOPIC EXAMINATION
Basophils	0.00	%	< 1	MICROSCOPIC EXAMINATION

ESR

Observed	8.00	Mm for 1st hr.	
Corrected	4.00	Mm for 1st hr.	< 9
PCV (HCT)	39.10	cc %	40-54

GBP

General Blood Picture (G.B.P. / P.B.S.)

1. RBCs are Normocytic and normochromic.
2. Leucocytes are adequate in numbers and reveal normal distribution.
3. Platelets are within normal limits.
4. Smears are Negative for Malarial and Microfilarial Parasite.
5. There are no blasts (precursor cells).

Platelet count

Platelet Count	2.0	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION
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RBC Count

RBC Count	4.35	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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Blood Indices (MCV, MCH, MCHC)

M.C.V.	90.00	fl	80-100	CALCULATED PARAMETER
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M.C.H.	35.00	pg	28-35	CALCULATED PARAMETER
M.C.H.C.	38.90	%	30-38	CALCULATED PARAMETER



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose PP Sample: Plasma After Meal	89.10	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

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 diabetes 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)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	106	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.





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**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 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	9.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.80	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	101.00	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Protein Sample:Serum	7.10	gm/dl	6.2-8.0	BIRUET
Uric Acid Sample:Serum	5.40	mg/dl	3.4-7.0	URICASE





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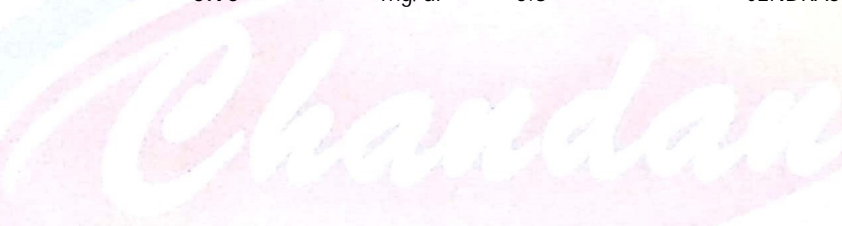
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L.F.T.(WITH GAMMA GT) * , Serum

SGOT / Aspartate Aminotransferase (AST)	23.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	40.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	23.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.10	gm/dl	6.2-8.0	BIRUET
Albumin	4.40	gm/dl	3.8-5.4	B.C.G.
Globulin	2.70	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.63		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	73.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.30	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.90	mg/dl	< 0.8	JENDRASSIK & GROF



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Color	PALE YELLOW			
Specific Gravity	1.030			
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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

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UHID/MR NO	: CVAR.0000019561	Received	: 15/Jun/2021 17:15:19
Visit ID	: CVAR0035262122	Reported	: 15/Jun/2021 17:16:21
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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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STOOL R/M * , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Basic (8.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	0-2/h.p.f
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Fungal element	ABSENT
Others	ABSENT

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DEPARTMENT OF CLINICAL PATHOLOGY

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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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Visit ID	: CVAR0035262122	Reported	: 14/Jun/2021 16:25:42
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

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

T3, Total (tri-iodothyronine)	98.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	4.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.13	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

- 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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DEPARTMENT OF X-RAY

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

*** End Of Report ***

Result/s to Follow:

GLUCOSE FASTING, SUGAR, FASTING STAGE, LIPID PROFILE (MINI), ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), GENERAL PHYSICAL EXAM

Dr. Raveesh Chandra Roy (MD-Radio)

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

