


आयकर विभाग
INCOME TAX DEPARTMENT
PUSHPENDRA TIWARI
VIRENDRA TIWARI
12/07/1987
Permanent Account Number
AGNPT8935A
Signature
भारत सरकार
GOVT. OF INDIA
Dr. RISHI BHUSHAN KALIA
M.D.
CHANDAN DIAGNOSTIC CENTRE
56, New Road, MKP Chowk
Dehradun-248001
02632013

 बैंक ऑफ़ बड़ौदा
Bank of Baroda
नाम : तृप्ति रावत
Name : Tripti Rawat
पदनाम : वरिष्ठ प्रबंधक
Designation : Senior Manager
जारीकर्ता प्राधिकारी (उ.से.प्र.)
Issuing Authority (R.M.)
कारक के हस्ताक्षर
Signature Card Holder

Dr. RISHI BHUSHAN KALIA
M.D.
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56, New Road, MKP Chowk
Dehradun-248001
Reg. No. C1858

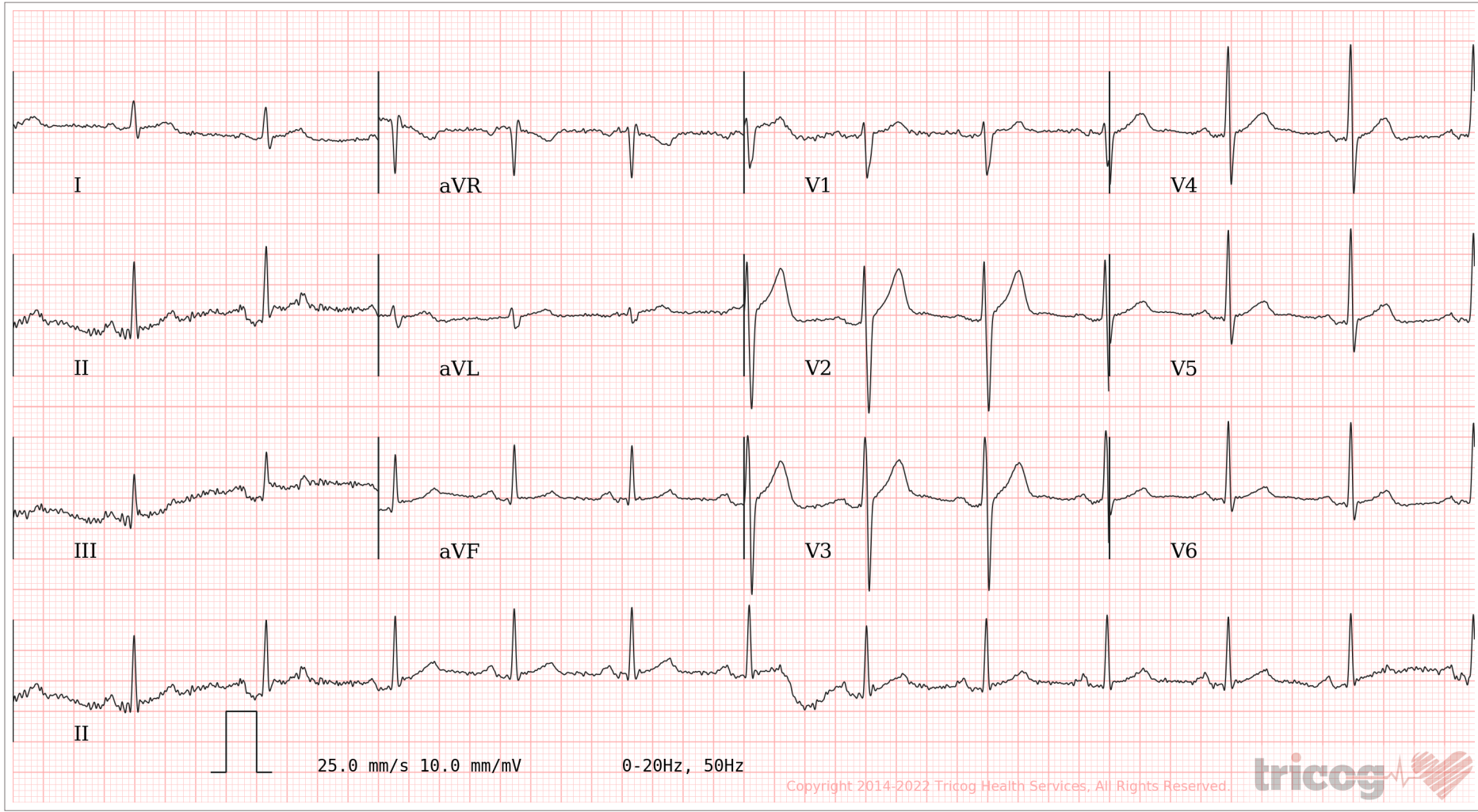
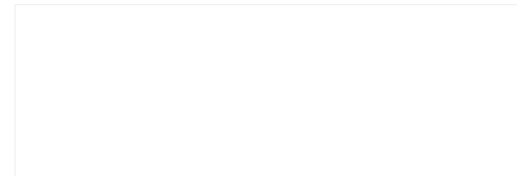


Age / Gender: 35/Male

Date and Time: 27th Aug 22 10:34 AM

Patient ID: IDUN0180952223

Patient Name: Mr.PUSHPENDRA TIWARI-PKG10000238



AR: 75bpm VR: 75bpm QRSD: 80ms QT: 360ms QTc: 402ms PRI: 176ms P-R-T: 74° 70° 50°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr Rupesh

61174



CHANDAN DIAGNOSTIC CENTRE

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



| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mr.PUSHPENDRA TIWARI-PKG10000238 | Registered On | : 27/Aug/2022 09:31:56 |
| Age/Gender | : 35 Y 0 M 0 D /M | Collected | : 27/Aug/2022 10:28:33 |
| UHID/MR NO | : IDUN.0000179939 | Received | : 27/Aug/2022 11:01:08 |
| Visit ID | : IDUN0180952223 | Reported | : 27/Aug/2022 13:09:53 |
| Ref Doctor | : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

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) | 7,300.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 51.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 37.60 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 8.80 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 2.30 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.30 | % | <1 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 2.00 | Mm for 1st hr. | | |
| Corrected | -- | Mm for 1st hr. | <9 | |
| PCV (HCT) | 49.00 | cc % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.37 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 25.70 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 56.50 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.15 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 13.20 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 5.11 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |





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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 | 95.90 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 32.60 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 34.00 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 12.80 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 50.80 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 3,730.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 170.00 | /cu mm | 40-440 | |



DR.SMIRTI GUPTA MD (PATHOLOGY)





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| Visit ID | : IDUN0180952223 | Reported | : 27/Aug/2022 13:56:02 |
| Ref Doctor | : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN | 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

| | | | | |
|-----------------|--------|-------|--|---------|
| Glucose Fasting | 101.40 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 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) | 5.10 | % NGSP | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 32.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 100 | 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

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| 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 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.

| | | | | |
|--|--------|-------|----------|------------------|
| BUN (Blood Urea Nitrogen) * Sample:Serum | 7.83 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample:Serum | 0.93 | mg/dl | 0.5-1.3 | MODIFIED JAFFES |
| Uric Acid Sample:Serum | 8.26 | mg/dl | 2.5-6.0 | URICASE |
| LFT (WITH GAMMA GT) * , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 40.61 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 123.75 | U/L | < 40 | IFCC WITHOUT P5P |





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|-------------|-------|--------------------|--------------------|
| Gamma GT (GGT) | 18.24 | IU/L | 11-50 | OPTIMIZED SZAIZING |
| Protein | 7.54 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.98 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 2.56 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.95 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 142.08 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.87 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.34 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.53 | mg/dl | < 0.8 | JENDRASSIK & GROF |

LIPID PROFILE (MINI) * , Serum

| | | | | |
|------------------------------------|---------------|-------|---|------------------|
| Cholesterol (Total) | 236.57 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 45.64 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 149 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 42.14 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 210.68 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |



DR. RITU BHATIA
MD (Pathology)





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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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

URINE EXAMINATION, ROUTINE * , Urine

| | | | | |
|---------------------------------|----------------|-------|--|-------------------------|
| Color | YELLOW | | | |
| Specific Gravity | 1.020 | | | |
| Reaction PH | Acidic (5.0) | | | 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 | ABSENT | | | MICROSCOPIC EXAMINATION |
| Pus cells | ABSENT | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE * , Urine

| | | | | |
|----------------------|--------|------|--|--|
| Sugar, Fasting stage | ABSENT | gms% | | |
|----------------------|--------|------|--|--|

Interpretation:



0.5
-1.0

DR.SMRTI GUPTA MD (PATHOLOGY)





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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) | 128.28 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 9.20 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 4.52 | 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.



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| Ref Doctor | : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN | Status | : Final Report |

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

- 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





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

Liver is normal in size, shape and bright in echotexture. No focal lesion seen.

PV and CBD are normal. IHBR are not dilated.

Gall bladder seen in distended state with echofree lumen. Wall thickness is normal.

Spleen is normal in size, shape and echotexture.

Pancreas Head and body appear normal. Tail is obscured by bowel gases.

Kidneys: Both kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No obvious mass/hydronephrosis seen.

Calculus measuring approx 3 mm is seen in middle calyx of left kidney.

Urinary bladder seen in distended state with echofree lumen. Wall thickness is normal.

Prostate is normal in size and echotexture.

No significant free fluid seen in peritoneal cavity.

IMP:- GRADE I FATTY LIVER.

SMALL LEFT RENAL CALCULUS.

Note: In case of any discrepancy due to typing error kindly get it rectified immediately

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG



Dr. Amit Bhandari 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 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

