Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,05278-223647 CIN: U85110DL2003PLC308206

Patient Name : Mr.PRAMOD KUMAR TIWARI Registered On : 13/Dec/2021 09:27:09 Age/Gender : 35 Y 1 M 8 D /M Collected : 13/Dec/2021 09:52:27 UHID/MR NO : CHFD.0000175325 Received : 13/Dec/2021 11:17:26 Visit ID : CHFD0413012122 Reported : 13/Dec/2021 14:32:28 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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Blood Group	В			
Rh (Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Bloo	nd			
Haemoglobin	15.80	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	6,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	54.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	41.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	6.00	Mm for 1st hr.		
Corrected	N/R	Mm for 1st hr.	< 9	
PCV (HCT)	47.10	cc %	40-54	
Platelet count				
Platelet Count	1.68	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPI
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	61.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.25	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.29	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	110.00	fl	80-100	CALCULATED PARAMETER
MCH	36.90	pg	28-35	CALCULATED PARAMETER
MCHC	33.50	%	30-38	CALCULATED PARAMETER
	14.80	%	11-16	ELECTRI A mand
	59.50	fL	35-60	ELECTR
utrophils Count	3,456.00	/cu mm	3000-7000	Dr. R. B. Varshne
sinophils Count (AEC)	256.00	/cu mm	40-440	M.D. Patholog

Add: Mukut Complex, Rekabganj,Faizabad Ph: 9235400973,05278-223647

CIN: U85110DL2003PLC308206

Patient Name : Mr.PRAMOD KUMAR TIWARI Registered On : 13/Dec/2021 09:27:09 Age/Gender Collected : 35 Y 1 M 8 D /M : 13/Dec/2021 14:50:09 UHID/MR NO : CHFD.0000175325 Received : 13/Dec/2021 16:41:40 Visit ID Reported : CHFD0413012122 : 13/Dec/2021 17:21:01 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLUCOSE FASTING **, Plasma

Glucose Fasting 143.84 mg/dl < 100 Normal GOD POD

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 ** 299.17 mg/dl <140 Normal GOD POD

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.



Dr. R. B. Varshney M.D. Pathology

Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,05278-223647 CIN: U85110DL2003PLC308206

Patient Name : Mr.PRAMOD KUMAR TIWARI Registered On : 13/Dec/2021 09:27:09 Age/Gender Collected : 35 Y 1 M 8 D /M : 13/Dec/2021 09:52:27 UHID/MR NO : CHFD.0000175325 Received : 14/Dec/2021 14:00:58 Visit ID : CHFD0413012122 Reported : 14/Dec/2021 14:36:09 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

Tost Namo	Docult	Unit	Bio. Ref. Interval	Mothod
Test Name	Resuit	Unit	Bio. Ref. Interval	ivietnoa

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.90	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	52.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	151	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.

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.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

Add: Mukut Complex, Rekabganj, Faizabad Ph: 9235400973,05278-223647

CIN: U85110DL2003PLC308206

Registered On Patient Name : Mr.PRAMOD KUMAR TIWARI : 13/Dec/2021 09:27:09 Age/Gender : 35 Y 1 M 8 D /M Collected : 13/Dec/2021 09:52:27 UHID/MR NO : CHFD.0000175325 Received : 14/Dec/2021 14:00:58 Visit ID : CHFD0413012122 Reported : 14/Dec/2021 14:36:09 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

DEPARTMENT OF BIOCHEMISTRY

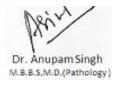
: Final Report

Test Name Unit Bio. Ref. Interval Method Result

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 nondiabetic 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.





Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,05278-223647 CIN: U85110DL2003PLC308206

Patient Name	: Mr.PRAMOD KUMAR TIWARI	Registered On	: 13/Dec/2021 09:27:09
Age/Gender	: 35 Y 1 M 8 D /M	Collected	: 13/Dec/2021 09:52:27
UHID/MR NO	: CHFD.0000175325	Received	: 13/Dec/2021 10:47:24
Visit ID	: CHFD0413012122	Reported	: 13/Dec/2021 11:28:45
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

	DEPARTMENT	OF BIOCHEMISTI	RY	
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) ** Sample:Serum	10.70	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.96	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** Sample:Serum	102.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** Sample:Serum	5.05	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST)	119.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	171.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	92.60	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.40	gm/dl	6.2-8.0	BIRUET
Albumin	4.12	gm/dl	3.8-5.4	B.C.G.
Globulin	3.28	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.26		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	160.87	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.09	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.44	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.65	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) **, Serum				
Cholesterol (Total)	194.25	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	56.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	111	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	27.12	mg/dl	10-33	CALCULATED
Triglycerides	135.60	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP

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Patient Name : Mr.PRAMOD KUMAR TIWARI Registered On : 13/Dec/2021 09:27:09 Age/Gender : 35 Y 1 M 8 D /M Collected : 13/Dec/2021 09:52:27 UHID/MR NO : CHFD.0000175325 Received : 13/Dec/2021 10:47:24 Visit ID : CHFD0413012122 Reported : 13/Dec/2021 11:28:45 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method

>500 Very High



Dr. R. B. Varshney M.D. Pathology

Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,05278-223647 CIN: U85110DL2003PLC308206

Patient Name : Mr.PRAMOD KUMAR TIWARI Registered On : 13/Dec/2021 09:27:09 Age/Gender : 35 Y 1 M 8 D /M Collected : 13/Dec/2021 14:51:49 UHID/MR NO : CHFD.0000175325 Received : 13/Dec/2021 17:29:32 Visit ID : CHFD0413012122 Reported : 13/Dec/2021 18:49:04 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE *	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++)	DIPSTICK
			> 500 (++++)	
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) Microscopic Examination:	ABSENT			
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
STOOL R/M * , Stool				
Color	YELLOW			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (6.0)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			

Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,05278-223647 CIN: U85110DL2003PLC308206

Patient Name : Mr.PRAMOD KUMAR TIWARI Registered On : 13/Dec/2021 09:27:09 Age/Gender : 35 Y 1 M 8 D /M Collected : 13/Dec/2021 14:51:49 UHID/MR NO : CHFD.0000175325 Received : 13/Dec/2021 17:29:32 Visit ID : CHFD0413012122 Reported : 13/Dec/2021 18:49:04

ABSENT

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

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Ova	ABSENT			
Cysts	ABSENT			
Fungal element	ABSENT			
Others	ABSENT			
CLICAD FACTING CTAGE *				
SUGAR, FASTING STAGE * , Urine				

gms%

Interpretation:

Sugar, Fasting stage

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE *, Urine

Sugar, PP Stage PRESENT (+)

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%



Dr. R. B. Varshney M.D. Pathology

Add: Mukut Complex, Rekabganj,Faizabad Ph: 9235400973,05278-223647

CIN: U85110DL2003PLC308206

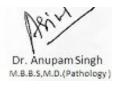
Patient Name : Mr.PRAMOD KUMAR TIWARI : 13/Dec/2021 09:27:09 Registered On Age/Gender : 35 Y 1 M 8 D /M Collected : 13/Dec/2021 09:52:27 UHID/MR NO : CHFD.0000175325 Received : 14/Dec/2021 13:42:57 Visit ID : CHFD0413012122 Reported : 14/Dec/2021 14:55:44 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. I	nterval	Method
THYROID PROFILE - TOTAL **, Serum					
T3, Total (tri-iodothyronine)	141.31	ng/dl	84.61–20	1.7	CLIA
T4, Total (Thyroxine)	6.20	ug/dl	3.2-12.6		CLIA
TSH (Thyroid Stimulating Hormone)	37.65	μIU/mL	0.27 - 5.5		CLIA
Interpretation:					
		0.3-4.5 μΠ	U/mL First	Trimester	
		0.5-4.6 μII	U/mL Seco	nd Trimester	
		0.8-5.2 μΙΙ	U/mL Third	d Trimester	
		0.5-8.9 μΙΙ	U/mL Adul	ts 55-87	Years
		0.7-27 μΠ	U/mL Prem	nature 28-3	36 Week
		2.3-13.2 μΙ	U/mL Cord	Blood >	37Week
		0.7-64 μΗ	U/mL Child	d(21 wk - 20 Yr	rs.)
		1-39 μ	IU/mL Chil	d 0-4	Days
		1.7-9.1 μΠ	U/mL Chile	d 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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Patient Name : Mr.PRAMOD KUMAR TIWARI Registered On : 13/Dec/2021 09:27:09

 Age/Gender
 : 35 Y 1 M 8 D /M
 Collected
 : N/A

 UHID/MR NO
 : CHFD.0000175325
 Received
 : N/A

Visit ID : CHFD0413012122 Reported : 14/Dec/2021 12:40:10

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

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: NORMAL SKIAGRAM



Dr Raveesh Chandra Roy (MD-Radio)

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Patient Name : Mr.PRAMOD KUMAR TIWARI Registered On : 13/Dec/2021 09:27:09

 Age/Gender
 : 35 Y 1 M 8 D /M
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Visit ID : CHFD0413012122 Reported : 13/Dec/2021 11:26:34

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DEPARTMENT OF ULTRASOUND

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• Liver is normal in size 14.27 cm and shows diffuse increase in echogenecity s/o fatty liver grade-I. No obvious 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, position and cortical echotexture. Corticomedullary demarcation is maintained.
- Right kidney shows 2 mm calculus at lower pole.
- Left kidney is normal in size, position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney shows 2 mm calculus at mid pole.
- The collecting system of both the kidneys are not dilated.

SPLEEN

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

ILIAC FOSSAE & PERITONEUM

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 : 35 Y 1 M 8 D /M
 Collected
 : N/A

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DEPARTMENT OF ULTRASOUND

- 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 is seen.

PROSTATE

• The prostate gland is normal in texture with smooth outline.

FINAL IMPRESSION

- BILATERAL RENAL CALCULI.
- GRADE-I FATTY LIVER.

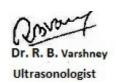
Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG





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