INDRA DIAGNOSTIC CENTRE

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

Since 1991

30 YEARS SINCE 1991

Patient Name	: Mrs.ANKITA SHRIVASTAVA	Registered On	: 28/May/2022 09:17:52
Age/Gender	: 32 Y 9 M 6 D /F	Collected	: 28/May/2022 09:40:35
UHID/MR NO	: CHDE.0000027016	Received	: 28/May/2022 10:14:52
Visit ID	: IDCD0059562223	Reported	: 28/May/2022 13:53:49
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

Blood Group (ABO & Rh typing) * , *Blood*

Blood Group	A			
Rh (Anti-D)	POSITIVE			

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Haemoglobin	12.90	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)	7,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	18.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	< 20	
PCV (HCT)	**39.00**	cc %	40-54	
Platelet count				
Platelet Count	2.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	53.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	**0.34**	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	**13.80**	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.75	Mill./cu mm	3.7-5.0	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	84.60	fl	80-100	CALCULATED PARAMETER
MCH	**27.20**	pg	28-35	CALCULATED PARAMETER
MCHC	32.10	%	30-38	CALCULATED PARAMETER
RDW-CV	13.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	40.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,440.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	222.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)

Home Sample Collection
1800-419-0002

INDRA DIAGNOSTIC CENTRE

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Ph: 7706041643,7706041644
CIN : U85196UP1992PLC014075

Patient Name	: Mrs.ANKITA SHRIVASTAVA	Registered On	: 28/May/2022 09:17:53
Age/Gender	: 32 Y 9 M 6 D /F	Collected	: 28/May/2022 14:02:57
UHID/MR NO	: CHDE.0000027016	Received	: 28/May/2022 15:14:16
Visit ID	: IDCD0059562223	Reported	: 28/May/2022 15:44:59
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
GLUCOSE FASTING , *Plasma*				
Glucose Fasting	85.30	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

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 *Sample:Plasma After Meal*	94.70	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

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. Shoaib Irfan (MBBS, MD, PDCC)

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

Home Sample Collection
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , *EDTA BLOOD*

Glycosylated Haemoglobin (HbA1c)	5.90	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	41.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	122	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.
**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.

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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.

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

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UHID/MR NO : CHDE.0000027016	Received : 28/May/2022 12:25:05
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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) *Sample:Serum*	7.47	mg/dL	7.0-23.0	CALCULATED
Creatinine *Sample:Serum*	0.76	mg/dl	0.5-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) *Sample:Serum*	88.20	ml/min/1.73m2	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid *Sample:Serum*	4.24	mg/dl	2.5-6.0	URICASE

LFT (WITH GAMMA GT) * , *Serum*

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	20.30	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	23.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.33	gm/dl	6.2-8.0	BIRUET
Albumin	4.43	gm/dl	3.8-5.4	B.C.G.
Globulin	1.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	**2.33**		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	71.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.36	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.23	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.13	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , *Serum*

Test Name	Result	Unit	Bio. Ref. Interval	Method
Cholesterol (Total)	141.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	40.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	84	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	16.26	mg/dl	10-33	CALCULATED
Triglycerides	81.30	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			200-499 High	
			>500 Very High	

Dr. Shoaib Irfan (MBBS, MD, PDCC)

INDRA DIAGNOSTIC CENTRE

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Visit ID	: IDCD0059562223	Reported	: 28/May/2022 14:40:17
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
THYROID PROFILE - TOTAL ** , *Serum*				
T3, Total (tri-iodothyronine)	127.84	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.35	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.93	µIU/mL	0.27 - 5.5	CLIA
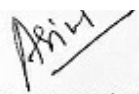
Interpretation:

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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Chandan Since 1991

30 YEARS SINCE 1991

Patient Name	: Mrs.ANKITA SHRIVASTAVA	Registered On	: 28/May/2022 09:17:55
Age/Gender	: 32 Y 9 M 6 D /F	Collected	: N/A
UHID/MR NO	: CHDE.0000027016	Received	: N/A
Visit ID	: IDCD0059562223	Reported	: 28/May/2022 13:25:47
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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**

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
URINE EXAMINATION, ROUTINE, STOOL, ROUTINE EXAMINATION, SUGAR, FASTING STAGE, SUGAR, PP STAGE, ECG / EKG,
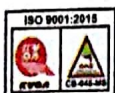ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

Dr. Anil Kumar Verma
(MBBS,DMRD)