

CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206



Patient Name : Mrs.HIMANSHI DEVI - 100949 Registered On : 24/Feb/2023 09:12:56

 Age/Gender
 : 28 Y 11 M 12 D /F
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000114001
 Received
 : N/A

Visit ID : ALDP0343222223 Reported : 24/Feb/2023 15:57:31

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

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG *

1. Machnism, Rhythm Sinus, Regular

2. Atrial Rate 104 /mt

3. Ventricular Rate 104 /mt

4. P - Wave Normal

5. P R Interval Normal

6. Q R S

Axis: Normal R/S Ratio: Normal Configuration: Normal

7. Q T c Interval Normal

8. S - T Segment Normal

9. T – Wave Normal

FINAL IMPRESSION

Sinus Tachycardia. Please correlate clinically











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Patient Name : Mrs.HIMANSHI DEVI - 100949 Registered On : 24/Feb/2023 09:12:53 Age/Gender Collected : 28 Y 11 M 12 D /F : 24/Feb/2023 09:24:36 UHID/MR NO : ALDP.0000114001 Received : 24/Feb/2023 09:51:05 Visit ID Reported : ALDP0343222223 : 24/Feb/2023 14:23:51

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
1 CSt I valid	Nosuit	Oilit	Dio. Noi. Ilitoi vai	IVICTIOU

Blood Group (ABO & Rh typing) *, Blood

Blood Group

0

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) *, Whole Blood

g/dl Haemoglobin 13.10 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)	9,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	72.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	25.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr.		
Corrected		Mm for 1st hr.	. < 20	
PCV (HCT)	35.00	%	40-54	
Platelet count				
Platelet Count	1.75	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)	63.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.81	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	74.10	fl	80-100	CALCULATED PARAMETER
MCH	27.30	pg	28-35	CALCULATED PARAMETER
MCHC	36.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,480.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	90.00	/cu mm	40-440	







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Patient Name : Mrs.HIMANSHI DEVI - 100949 : 24/Feb/2023 09:12:54 Registered On Age/Gender : 28 Y 11 M 12 D /F Collected : 24/Feb/2023 13:05:42 UHID/MR NO : ALDP.0000114001 Received : 24/Feb/2023 13:09:55 Visit ID : ALDP0343222223 Reported : 24/Feb/2023 13:38:24

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	107.00	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 *	129.80	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.









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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

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	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 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.

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





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





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection 1800-419-0002

^{*}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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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) *	9.29	mg/dL	7.0-23.0	CALCULATED
Sample:Serum	7.27	rrig, az	7.0 20.0	0,12002,1120
Creatinine * Sample:Serum	0.60	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid * Sample:Serum	2.50	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	22.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	28.60	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	16.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.90	gm/dl	6.2-8.0	BIRUET
Albumin	5.30	gm/dl	3.8-5.4	B.C.G.
Globu <mark>lin</mark>	2.60	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.04		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	76.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	219.00	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	45.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	148	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optima 130-159 Borderline Higl 160-189 High > 190 Very High	
VLDL	25.78	mg/dl	10-33	CALCULATED
Triglycerides	128.90	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High	GPO-PAP h









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

>500 Very High











Reaction PH

Protein

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DIPSTICK

DIPSTICK

DIPSTICK

Patient Name : Mrs.HIMANSHI DEVI - 100949 Registered On : 24/Feb/2023 09:12:54 Age/Gender Collected : 28 Y 11 M 12 D /F : 24/Feb/2023 13:14:13 UHID/MR NO : ALDP.0000114001 Received : 24/Feb/2023 13:22:40 Visit ID : ALDP0343222223 Reported : 24/Feb/2023 13:39:51

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

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
URINE EXAMINATION, ROUTI	NE * , Urine				
Color	LIGHT YELLOW				
Specific Gravity	1.015				

mg %

10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++) Sugar

ABSENT gms% < 0.5 (+)

Acidic (5.0)

ABSENT

0.5-1.0 (++) 1-2 (+++) > 2 (++++)

< 10 Absent

Ketone ABSENT mg/dl 0.2-2.81 BIOCHEMISTRY
Bile Salts ABSENT

Bile Pigments
Urobilinogen(1:20 dilution)
ABSENT
Microscopic Examination:

Epithelial cells 1-3/h.p.f MICROSCOPIC EXAMINATION

Pus cells 1-3/h.p.f

RBCs ABSENT MICROSCOPIC EXAMINATION

Cast ABSENT Crystals ABSENT

Crystals ABSENT MICROSCOPIC EXAMINATION
Others ABSENT

Urine Microscopy is done on centrifuged urine sediment.

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage ABSENT gms%

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2









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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

(++++) > 2

SUGAR, PP STAGE *, Urine

Sugar, PP Stage

ABSENT

Interpretation:

 $(+) \qquad <0.5 \; gms\%$

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%









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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)	135.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.14	μIŪ/mL	0.27 - 5.5	CLIA
Interpretation:				
•		0.3-4.5 μIU/1	mL First Trimest	ter
		0.5-4.6 μIU/1	mL Second Trim	ester
		0.8-5.2 μIU/1	mL Third Trimes	ster
		0.5-8.9 μIU/1	mL Adults	55-87 Years
		0.7-27 μIU/ı	mL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/ı	mL Child(21 wk	- 20 Yrs.)
		1-39 μIU	J/mL Child	0-4 Days
		1.7-9.1 μIU/ı		2-20 Week
		1 4 4 4		

- 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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)









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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

DR K N SINGH (MBBS,DMRE)







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size (10.2 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER: Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

CBD:- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size, shape and echogenicity.

RIGHT KIDNEY: - Normal in size (9.8 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (8.6 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER: Normal in shape, outline and distension. No e/o wall thickening / calculus.

UTERUS: Anteverted, and is normal in size (8.9 x 3.9 x 4.8 cm). No focal myometrial lesion seen. Endometrium is normal in thickness 9.2 mm.

OVARIES:- Bilateral ovaries are normal in size, shape and echogenicity.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

IMPRESSION: No significant abnormality seen.

Please correlate clinically.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.



NE EXAMINATION

DR K N SINGH (MBBS, DMRE)

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





