

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.REKHA JAISWAL Registered On : 09/Sep/2023 08:48:52 : 29 Y O M O D /F Age/Gender Collected : 09/Sep/2023 09:03:31 UHID/MR NO : CALI.0000047237 Received : 09/Sep/2023 12:18:38 Visit ID Reported : 09/Sep/2023 15:47:22 : CALI0108922324

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) ** , E	Blood			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) **, Who	le Blood			
Haemoglobin	11.50	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	
TLC (WBC) DLC	6,300.00	/Cu mm	Female- 12.0-15.5 g/dl 4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	55.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	39.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	22.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	< 20	
PCV (HCT)	33.00	%	40-54	
Platelet count				
Platelet Count	1.90	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	45.80	%	35-60	ELECTRONIC IMPEDANCE







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Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.94	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	76.30	fl	80-100	CALCULATED PARAMETER
MCH	23.30	pg	28-35	CALCULATED PARAMETER
MCHC	30.60	%	30-38	CALCULATED PARAMETER
RDW-CV	15.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,465.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	63.00	/cu mm	40-440	

Dr. Surbhi Lahoti (M.D. Pathology)







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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
GLUCOSE FASTING ** , Plasma				
Glucose Fasting	82.40	mg/dl < 100 N	lormal GOD P	OD

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 **		91.20	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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	108	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.







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method	
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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 VARIANT II TURBO 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	8.70	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.66	mg/dl	Serum 0.5-1.2 Spot Urine-Male- 2 Female-20-320	MODIFIED JAFFES 20-275
Uric Acid ** Sample:Serum	1.50	mg/dl	2.5-6.0	URICASE





^{**}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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CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	ı	Unit	Bio. Ref. Interva	l Method
Result Rechecked					
LFT (WITH GAMMA GT) ** , Serum					
SGOT / Aspartate Aminotransferase (AST)	15.70	U/L	< 35		IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	14.80	U/L	< 40		IFCC WITHOUT P5P
Gamma GT (GGT)	19.50	IU/Ļ	11-50		OPTIMIZED SZAZING
Protein	6.23	gm/dl	6.2-8.0		BIURET
Albumin	3.92	gm/dl	3.4-5.4		B.C.G.
Globulin	2.31	gm/dl	1.8-3.6		CALCULATED
A:G Ratio	1.70		1.1-2.0		CALCULATED
Alkaline Phosphatase (Total)	111.00	U/L	42.0-1	65.0	IFCC METHOD
Bilirubin (Total)	0.47	mg/dl	0.3-1.2		JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30		JENDRASSIK & GROF
Bilirubin (Indirect)	0.27	mg/dl	< 0.8		JENDRASSIK & GROF
LIPID PROFILE (MINI) **, Serum					
Cholesterol (Total)	145.00	mg/dl		esirable 19 Borderline High High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	33.90	mg/dl	30-70		DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	79	mg/dl	100-12	Optimal 9 Nr. al/Above Optimal	CALCULATED
			130-15 160-18	9 Borderline High	
VLDL	31.98	mg/dl	10-33		CALCULATED
Triglycerides	159.90	mg/dl	200-49	9 Borderline High	GPO-PAP

Bring

Dr. Anupam Singh (MBBS 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	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Cugar	ADCENIT	am o0/	> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	10 . 0		
Bile Pigments	ABSENT			
Urob <mark>ilinogen(1:20 dilution)</mark>	ABSENT			
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC
	AT THE RESERVE OF THE PARTY OF			EXAMINATION
Pus cells ·	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Others	ABSENT			EXAMINATION
Others	ADSEINT			
SUGAR, FASTING STAGE **, Urine				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2







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Test Name Result Unit Bio. Ref. Interval Method

SUGAR, PP STAGE **, Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. Surbhi Lahoti (M.D. Pathology)







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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	125.45	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.910	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		,		
. •		0.3-4.5 μIU/r	nL First Trimes	eter
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/r	nL Third Trime	ster
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r	nL Child(21 wk	z - 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/1		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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)







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: 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

- 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:

NO SIGNIFICANT DIAGNOSTIC ABNORMALITY SEEN.

Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)









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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

 The liver is normal in size ~ 12.5 cm in longitudinal span and has a normal homogenous echotexture. No 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 ~ 8.9 x 3.7 cm position and cortical echotexture. Corticomedullary demarcation is maintained.
- Left kidney is normal in size ~ 9.2 x 3.9 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

SPLEEN

• The spleen is normal in size ~ 9.5 cm and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.
- Visualized bowel loops are gaseous and grossly appear normal in caliber, peristalsis and wall thickness.

URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus seen.







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

UTERUS

- The uterus is anteverted and normal in size ~ 2.3 x 3.6 x 4.2 cm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. ET measures ~ 5.4 mm.
- · Cervix is normal.

ADNEXA & OVARIES

- Both ovaries are normal in size volume and echotexture.
- Right ovary measures ~ 2.1 x 1.5 x 2.8 cm (Volume 5.7 cc).
- Left ovary measures ~ 1.9 x 2.3 x 3.1 cm (Volume 6.5 cc).
- Adnexa are normal.

FINAL IMPRESSION:-

• NO SIGNIFICANT ABNORMALITY SEEN IN PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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





