Chandan Diagnostic Centre, Dehradun

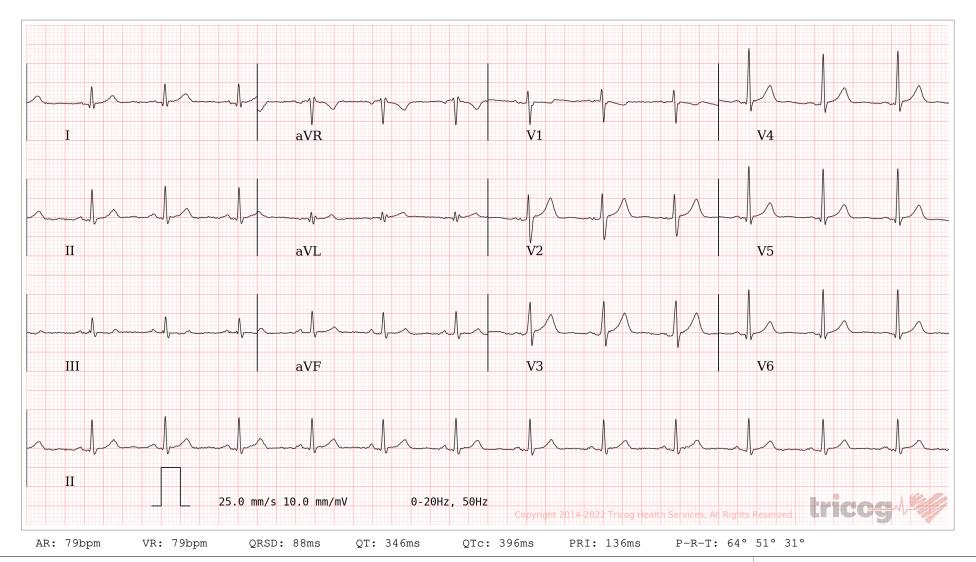


Age / Gender: 33/Male

Date and Time: 7th Aug 22 9:51 AM

Patient ID: IDUN0158262223

Patient Name: Mr.PARAS SHARMA-PKG10000238



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

AUTHORIZED BY

REPORTED BY

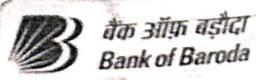


Dr. Charit MD, DM: Cardiology



63382

72169



-411-4

: पारस शर्मा

PEANSON.

: Paras Sharma

디즈-인격

: व्यवताय सहायक

Designation

: Business Associate





Among Card No. | HODGALLIDE Cieda and Barries | 22 to 1200 42 45 41 1 Clerks all lawages District Grange E. C. Mrs. 103016

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Cotton Addition

Ragional Office, 412 Indica Napal Describes 144 bit Statement

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THERE MAKES

Flore stated to move its provided white. These exert in his bis periodicipated and decreased he have been primary report it has the transfery modifically The finding they please return to the named from office.





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

CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAS SHARMA-PKG10000238 Registered On : 07/Aug/2022 08:58:56 Age/Gender : 33 Y 0 M 0 D /M Collected : 07/Aug/2022 09:28:53 UHID/MR NO : IDUN.0000178474 Received : 07/Aug/2022 10:11:18 Visit ID : IDUN0158262223 Reported : 07/Aug/2022 13:01:14

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 B
Rh (Anti-D) POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin	17.60	g/dl	1 Day- 14.5-22.5 g, 1 Wk- 13.5-19.5 g/ 1 Mo- 10.0-18.0 g/ 3-6 Mo- 9.5-13.5 g 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g 6-12 Yr- 11.5-15.5 12-18 Yr 13.0-16.0	/dl /dl /dl /dl g/dl
			g/dl	
			Male- 13.5-17.5 g/ Female- 12.0-15.5	
TLC (WBC)	4,870.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC	1,070.00	, ca	1000 10000	ELECTROTHIC IVIII EB/RIVOL
Polymorphs (Neutrophils)	48.50	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	43.60	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.10	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.80	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	6.00	Mm for 1st hr.		
Corrected	, -	Mm for 1st hr.	. <9	
PCV (HCT)	52.50	cc %	40-54	
Platelet count				
Platelet Count	1.52	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	25.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	64.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.17	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	6.11	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

CALCULATED PARAMETER
CALCULATED PARAMETER
CALCULATED PARAMETER
ELECTRONIC IMPEDANCE
ELECTRONIC IMPEDANCE













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

CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAS SHARMA-PKG10000238 Registered On : 07/Aug/2022 08:58:58 Age/Gender : 33 Y 0 M 0 D /M Collected : 07/Aug/2022 09:28:53 UHID/MR NO : IDUN.0000178474 Received : 07/Aug/2022 10:11:18 Visit ID : 07/Aug/2022 14:03:10 : IDUN0158262223 Reported

Ref Doctor : Dr.MEDIWHEEL ACROFEMI Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Uı	nit Bio. Ref. Inte	rval	Method	
GLUCOSE FASTING , Plasma						
Glucose Fasting	106.99	mg/dl	< 100 Normal 100-125 Pre-diabete: ≥ 126 Diabetes	GOD PO	DD.	

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)	4.90	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	30.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	94	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







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CIN: U85110DL2003PLC308206



Patient Name Age/Gender : Mr.PARAS SHARMA-PKG10000238 : 33 Y O M O D /M Registered On Collected : 07/Aug/2022 08:58:58 : 07/Aug/2022 09:28:53

UHID/MR NO Visit ID : IDUN.0000178474 : IDUN0158262223 Received Reported : 07/Aug/2022 10:11:18 : 07/Aug/2022 14:03:10

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

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

Clinical Implications:

^{*}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	8.91	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.80	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid Sample:Serum	7.75	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) *, Serum	1			
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT)	36.68 66.93	U/L U/L	< 35 < 40	IFCC WITHOUT P5P IFCC WITHOUT P5P





^{*}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.

^{*}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:



Since 1991

CHANDAN DIAGNOSTIC CENTRE

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CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAS SHARMA-PKG10000238 Registered On : 07/Aug/2022 08:58:58 : 07/Aug/2022 09:28:53 Age/Gender Collected : 33 Y 0 M 0 D /M UHID/MR NO : IDUN.0000178474 Received : 07/Aug/2022 10:11:18 Visit ID : IDUN0158262223 Reported : 07/Aug/2022 14:03:10

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	ι	Jnit Bio. Ref. Inter	rval Method
Gamma GT (GGT)	35.42	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.92	gm/dl	6.2-8.0	BIRUET
Albumin	4.81	gm/dl	3.8-5.4	B.C.G.
Globulin	3.11	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.55		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	123.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.87	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.57	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	278.10	mg/dl	<200 Desirable 200-239 Borderline Hi > 240 High	CHOD-PAP igh
HDL Cholesterol (Good Cholesterol)	55.92	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	175	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optim 130-159 Borderline Hi 160-189 High > 190 Very High	
VLDL	47.02	mg/dl	10-33	CALCULATED
Triglycerides	235.10	mg/dl	< 150 Normal 150-199 Borderline Hi 200-499 High >500 Very High	GPO-PAP igh













Age/Gender

UHID/MR NO

Ref Doctor

Visit ID

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

CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAS SHARMA-PKG10000238

: 33 Y 0 M 0 D /M

: IDUN.0000178474

: IDUN0158262223

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN

Registered On

Collected

: 07/Aug/2022 08:58:57

: 07/Aug/2022 09:28:53

Received : 07/Aug/2022 10:11:18 Reported : 07/Aug/2022 13:48:47

Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE *	Urino			
Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Basic (7.5)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
C	ADCENIT	0/	> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	mg/ di	0.2-2.01	DIOCHEMISTRI
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
	ABSENT		1.5	
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
	Stage - Later			EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC
				EXAMINATION
RBCs	10-15/h.p.f			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
UGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation.		Y.		

Interpretation:

(+)< 0.5

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2









Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun

Ph: 9235501532,01352710192 CIN: U85110DL2003PLC308206



Patient Name

: Mr.PARAS SHARMA-PKG10000238

Registered On

: 07/Aug/2022 08:58:57

Age/Gender

: 33 Y 0 M 0 D /M

Collected Received : 07/Aug/2022 09:28:53 : 07/Aug/2022 10:11:18

UHID/MR NO Visit ID

: IDUN.0000178474 : IDUN0158262223

Reported

: 07/Aug/2022 13:48:47

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN Status

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method





DR. RITU BHATIA MD (Pathology)







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

CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAS SHARMA-PKG10000238 : 07/Aug/2022 08:58:57 Registered On Age/Gender Collected : 33 Y 0 M 0 D /M : 07/Aug/2022 09:28:53 UHID/MR NO : IDUN.0000178474 Received : 07/Aug/2022 10:11:18 Visit ID : 07/Aug/2022 17:48:36 : IDUN0158262223 Reported : Dr.MFDIWHFFL ACROFFMI

Ref Doctor : Dr.MEDIWHEEL ACROFEMI Status : Final Report

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)	101.70	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.00	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.47	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 $\mu IU/r$	nL First Trimes	ster
		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		> 37Week
		0.7-64 μIU/r		(- 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/r		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.SMRITI GUPTA MD (PATHOLOGY)







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

CIN: U85110DL2003PLC308206



Patient Name

Since 1991

: Mr.PARAS SHARMA-PKG10000238

Registered On

: 07/Aug/2022 08:58:59

Age/Gender

: 33 Y 0 M 0 D /M

Collected

: N/A

UHID/MR NO Visit ID

: IDUN.0000178474 : IDUN0158262223

Received Reported

: 07/Aug/2022 14:40:13

: Dr.MEDIWHEEL ACROFEMI

Ref Doctor

HEALTHCARE LTD.DDN

Status

: Final Report

: N/A

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









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAS SHARMA-PKG10000238 Registered On : 07/Aug/2022 08:58:59

 Age/Gender
 : 33 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : IDUN.0000178474
 Received
 : N/A

Visit ID : IDUN0158262223 Reported : 07/Aug/2022 09:46:15

Ref Doctor : Dr.MEDIWHEEL ACROFEMI Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

• The liver measures 132.3 mms. It shows diffuse increase in echogenicity. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein measured 10.0 mms. (Normal) at the porta.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct measured 3.0 mms. (Normal) at the porta.
- The gall bladder is normal in size and has regular walls measuring 2.0 mms. in thickness (normal) .Lumen of the gall bladder is anechoic.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

GREAT VESSELS

• Great vessels are normal.

RIGHT KIDNEY

- The right kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

LEFT KIDNEY

- The left kidney is normal in size, shape and cortical echotexture.
- A calculus measuring 3.9 x 3.0 mms is seen in middle calyx.
- The collecting system is normal and corticomedullary demarcation is clear.

SPLEEN

• The spleen is normal in size and has a homogenous echotexture.

LYMPHNODES

• No pre-or-para aortic lymph node mass is seen.



Home Sample Collection 1800-419-0002



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

CIN: U85110DL2003PLC308206



Patient Name

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Age/Gender

: 33 Y 0 M 0 D /M

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: 07/Aug/2022 09:46:15

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN

Status

: Final Report

: N/A

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

URETERS

• Both the ureters are normal.

URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

PROSTATE

• The prostate gland is normal in texture and size. No focal mass or capsular breech is seen.

IMPRESSION

GRADE I DIFFUSE FATTY CHANGE OF LIVER WITH SMALL LEFT RENAL CALCULUS

*** End Of Report ***

Result/s to Follow:

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



MD (RADIOLOGIST)

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 365 Days Open





