

T

CHANDAN DIAGNOSTIC CENTRE

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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.SMITA SINGH Registered On : 13/Nov/2023 08:52:40 Age/Gender : 13/Nov/2023 09:02:31 : 37 Y O M O D /F Collected UHID/MR NO : CALI.0000049388 Received : 13/Nov/2023 13:36:51 Visit ID Reported : 13/Nov/2023 18:34:27 : CALI0156892324

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
Pland Group (APO & Ph typing) ** . gra-	d			
Blood Group (ABO & Rh typing) ** , Bloo				EDVELID 6 -:
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) ** , Whole B	Blood			
Haemoglobin	12.20	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) DLC	7,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	72.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	22.00	%	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	16.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	36.00	%	40-54	
Platelet count				
Platelet Count	1.77	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	38.50	%	35-60	ELECTRONIC IMPEDANCE





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Since 1991

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Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.12	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	90.70	fΙ	80-100	CALCULATED PARAMETER
MCH	29.70	pg	28-35	CALCULATED PARAMETER
MCHC	32.70	%	30-38	CALCULATED PARAMETER
RDW-CV	15.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	51.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,688.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	79.00	/cu mm	40-440	

Dr. Surbhi Lahoti (M.D. Pathology)









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Patient Name : Mrs.SMITA SINGH : 13/Nov/2023 08:52:42 Registered On Age/Gender Collected : 37 Y O M O D /F : 13/Nov/2023 09:02:30 UHID/MR NO : CALI.0000049388 Received : 13/Nov/2023 14:14:24 Visit ID : CALI0156892324 Reported : 13/Nov/2023 15:07:45

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

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

≥ 126 Diabetes

rest name	Result	U	nit Bio. Ref. inte	ervai ivietnod	
GLUCOSE FASTING ** , Plasma					
Glucose Fasting	78.50	mg/dl	< 100 Normal 100-125 Pre-diabetes	GOD POD	

Interpretation:

Toot Name

- 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 **	99.90	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)	4.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	28.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	88	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.





Home Sample Collection 1800-419-0002



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CIN: U85110DL2003PLC308206



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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	7.69	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.84	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid ** Sample:Serum	2.72	mg/dl	2.5-6.0	URICASE

LFT (WITH GAMMA GT) **, Serum









^{**}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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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	U	nit Bio. Ref. Interv	al Method
SGOT / Aspartate Aminotransferase (AST)	34.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	77.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	21.60	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.52	gm/dl	6.2-8.0	BIURET
Albumin	3.81	gm/dl	3.4-5.4	B.C.G.
Globulin	2.71	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.41	,	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	78.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.32	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.17	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.15	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	152.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	48.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	86	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	17.54	mg/dl	10-33	CALCULATED
Triglycerides	87.70	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Bring

Dr. Anupam Singh (MBBS MD Pathology)





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Patient Name : Mrs.SMITA SINGH Registered On : 13/Nov/2023 08:52:41 Age/Gender : 13/Nov/2023 09:03:48 : 37 Y O M O D /F Collected UHID/MR NO : CALI.0000049388 Received : 13/Nov/2023 13:53:05 Visit ID Reported : 13/Nov/2023 18:22:42 : CALI0156892324

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

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	1.020			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	TRACE	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
6	ADCENIT	0/	> 500 (++++)	DIDCTION
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			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT		The state of the s	DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC
	·			EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Othors	ADCENIT			EXAMINATION
Others	ABSENT			

Dr. Surbhi Lahoti (M.D. Pathology)





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



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CIN: U85110DL2003PLC308206



Patient Name : Mrs.SMITA SINGH Registered On : 13/Nov/2023 08:52:41 Age/Gender : 37 Y O M O D /F Collected : 14/Nov/2023 11:33:46 UHID/MR NO : CALI.0000049388 Received : 14/Nov/2023 12:24:18 Visit ID Reported : 14/Nov/2023 13:26:26 : CALI0156892324

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

STOOL, ROUTINE EXAMINATION **, Stool

Color	YELLOWISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.5)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT

Bring

Dr. Anupam Singh (MBBS MD Pathology)





SIN No:64708764





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CIN: U85110DL2003PLC308206



Patient Name : Mrs.SMITA SINGH Age/Gender : 37 Y O M O D /F

: CALI.0000049388 : CALI0156892324

Collected Received

Registered On

: 13/Nov/2023 13:00:44 : 13/Nov/2023 13:53:10

: 13/Nov/2023 08:52:41

Reported

: 13/Nov/2023 14:32:28

Ref Doctor

UHID/MR NO

Visit ID

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

SUGAR, FASTING STAGE **, Urine

Sugar, Fasting stage

ABSENT

gms%

Interpretation:

(+)< 0.5

0.5 - 1.0(++)

(+++) 1-2 (++++) > 2

SUGAR, PP STAGE **, Urine

Sugar, PP Stage

ABSENT

Interpretation:

< 0.5 gms% (+)

0.5-1.0 gms% (++)

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. Anupam Singh (MBBS MD Pathology)





SIN No:64708764



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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. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	134.21	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.420	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 $\mu IU/m$	L First Trimes	ter
		0.5-4.6 µIU/m	L Second Trin	nester
		0.8-5.2 μIU/m	L Third Trime	ster
		0.5-8.9 µIU/m	L Adults	55-87 Years
		0.7-27 μIU/m		28-36 Week
		2.3-13.2 μIU/m	L Cord Blood	> 37Week
		0.7-64 μIU/m		(- 20 Yrs.)
		1-39 μIU/		0-4 Days
		1.7-9.1 μIU/m		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.



*** End Of Report ***

(**) Test Performed at Chandan Speciality L



DIGITAL CHEST PA, ULTRASOUND WHOLE ABDOMEN (UPPER & LO' Dr. Anupam Singh (MBBS MD Pathology)

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





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