

CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-2548257

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAM KRISHNA JAISWAL Registered On : 25/Feb/2023 10:08:24

 Age/Gender
 : 28 Y 11 M 6 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000073891
 Received
 : N/A

Visit ID : ALDP0344692223 Reported : 25/Feb/2023 19:37:18

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 74 /mt

3. Ventricular Rate 74 /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 Rhythm. Poor "R" wave progression in anterior leads. Please correlate clinically











CIN: U85110DL2003PLC308206



Patient Name : Mr.RAM KRISHNA JAISWAL Registered On : 25/Feb/2023 10:08:21 Age/Gender Collected : 28 Y 11 M 6 D /M : 25/Feb/2023 10:38:54 UHID/MR NO : ALDP.0000073891 Received : 25/Feb/2023 10:56:33 Visit ID Reported : 25/Feb/2023 13:09:36 : ALDP0344692223

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 B

Rh (Anti-D) POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin

14.10

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)	6,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	, -	Mm for 1st hr.	< 9	
PCV (HCT)	38.00	%	40-54	
Platelet count				
Platelet Count	1.88	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	51.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.84	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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	78.90	fl	80-100	CALCULATED PARAMETER
MCH	29.20	pg	28-35	CALCULATED PARAMETER
MCHC	37.10	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,160.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	128.00	/cu mm	40-440	







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Patient Name : Mr.RAM KRISHNA JAISWAL : 25/Feb/2023 10:08:22 Registered On Age/Gender : 28 Y 11 M 6 D /M Collected : 25/Feb/2023 17:47:31 UHID/MR NO : ALDP.0000073891 Received : 25/Feb/2023 18:13:07 Visit ID : ALDP0344692223 Reported : 25/Feb/2023 18:36:43

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	101.00	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 *	121.30	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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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)	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

^{*}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) * Sample:Serum	7.30	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.80	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid * Sample:Serum	6.06	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) LIPID PROFILE (MINI) * , Serum Cholesterol (Total)	15.00 25.50 20.30 7.80 5.10 2.70 1.89 91.50 1.00 0.30 0.70	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8 <200 Desirable 200-239 Borderline High	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) VLDL Triglycerides	42.50 145 19.88 99.40	mg/dl mg/dl mg/dl mg/dl	> 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline High 200-499 High	DIRECT ENZYMATIC CALCULATED al gh CALCULATED 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

>500 Very High











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Patient Name : Mr.RAM KRISHNA JAISWAL Registered On : 25/Feb/2023 10:08:21 Collected Age/Gender : 28 Y 11 M 6 D /M : 25/Feb/2023 12:08:13 UHID/MR NO : ALDP.0000073891 Received : 25/Feb/2023 12:19:56 : 25/Feb/2023 14:15:39 Visit ID Reported : ALDP0344692223

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, ROUTINE *	, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Curan	ADCENT	ama0/	> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobi <mark>linogen(1:20 dilution)</mark>	ABSENT			
Microscopic Examination:				
Epithelial cells	0-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells ·	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
OH	ADCENT			EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifug	ed urine sediment.			









Pn: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206



Patient Name : Mr.RAM KRISHNA JAISWAL Registered On : 25/Feb/2023 10:08:21 Age/Gender Collected : 26/Feb/2023 09:48:21 : 28 Y 11 M 6 D /M UHID/MR NO : ALDP.0000073891 Received : 26/Feb/2023 10:33:38 Visit ID : ALDP0344692223 Reported : 26/Feb/2023 13:24:26

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 **BROWNISH** Consistency **SEMI SOLID** Reaction (PH) Neutral (7.0) Mucus **ABSENT** Blood **ABSENT** Worm **ABSENT** Pus cells ABSENT **RBCs ABSENT** Ova **ABSENT** Cysts **ABSENT** Others **ABSENT**

Bring

Dr. Anupam Singh (MBBS MD Pathology)









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Patient Name : Mr.RAM KRISHNA JAISWAL Registered On : 25/Feb/2023 10:08:22 Age/Gender Collected : 25/Feb/2023 12:08:13 : 28 Y 11 M 6 D /M UHID/MR NO : ALDP.0000073891 Received : 25/Feb/2023 12:19:56 Visit ID : ALDP0344692223 Reported : 25/Feb/2023 14:15:39

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

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage

ABSENT

gms%

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2









CIN: U85110DL2003PLC308206



Patient Name : Mr.RAM KRISHNA JAISWAL Registered On

: 25/Feb/2023 10:08:22 : 26/Feb/2023 09:48:58

Age/Gender

: 28 Y 11 M 6 D /M

Collected Received

: 26/Feb/2023 10:33:38

UHID/MR NO Visit ID

: ALDP.0000073891 : ALDP0344692223

Reported

: 26/Feb/2023 13:02:38

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

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)



Home Sample Collectio 1800-419-0002





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Patient Name : Mr.RAM KRISHNA JAISWAL : 25/Feb/2023 10:08:23 Registered On Age/Gender : 28 Y 11 M 6 D /M Collected : 25/Feb/2023 10:38:54 UHID/MR NO : ALDP.0000073891 Received : 26/Feb/2023 11:00:32 Visit ID : ALDP0344692223 Reported : 26/Feb/2023 12:11:01 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)	136.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.42	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		,		
•		0.3-4.5 μIU/s	mL First Trimest	er
		0.5-4.6 μIU/	mL Second Trim	ester
		0.8-5.2 µIU/1	mL Third Trimes	ter
		0.5-8.9 µIU/1	mL Adults	55-87 Years
		$0.7-27 \mu IU/2$		28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/1	mL Child(21 wk	- 20 Yrs.)
		1-39 μΙΙ	J/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.

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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Ref Doctor

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Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size, 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 (10.7 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (7.6 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.

PROSTATE: Normal in size (3.7 x 4.1 x 2.7 cm vol 22 cc), shape and echo pattern.

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.



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





