



# CHANDAN DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar  
Ph: 7706041643,7706041644  
CIN : U85196UP1992PLC014075



Patient Name	: Mrs.USHA DEVI	Registered On	: 26/Nov/2023 08:52:09
Age/Gender	: 51 Y O M O D /F	Collected	: 26/Nov/2023 09:10:19
UHID/MR NO	: IDCD.0000196763	Received	: 26/Nov/2023 10:37:09
Visit ID	: IDCD0427752324	Reported	: 26/Nov/2023 15:09:09
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	AB			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	11.60	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)	4,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	25.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	26.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	<20	
PCV (HCT)	35.00	%	40-54	
<b>Platelet count</b>				
Platelet Count	2.40	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	50.30	%	35-60	ELECTRONIC IMPEDANCE





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Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.28	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>13.50</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.51	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	82.70	fL	80-100	CALCULATED PARAMETER
MCH	<b>25.80</b>	pg	28-35	CALCULATED PARAMETER
MCHC	31.20	%	30-38	CALCULATED PARAMETER
RDW-CV	11.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	36.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,128.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	92.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)





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Patient Name	: Mrs.USHA DEVI	Registered On	: 26/Nov/2023 08:52:10
Age/Gender	: 51 Y O M O D /F	Collected	: 26/Nov/2023 13:32:19
UHID/MR NO	: IDCD.0000196763	Received	: 26/Nov/2023 14:40:25
Visit ID	: IDCD0427752324	Reported	: 26/Nov/2023 15:23:48
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	87.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

114.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Dr. Shoaib Irfan (MBBS, MD, PDCC)





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UHID/MR NO	: IDCD.0000196763	Received	: 26/Nov/2023 14:02:15
Visit ID	: IDCD0427752324	Reported	: 26/Nov/2023 15:51:53
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HbA1C) \*\* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	111	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 management.

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.

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

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





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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c. Alcohol toxicity d. Lead toxicity

\*Decreases in A1c 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.



Dr. Anupam Singh (MBBS MD Pathology)





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Age/Gender	: 51 Y O M O D /F	Collected	: 26/Nov/2023 09:10:18
UHID/MR NO	: IDCD.0000196763	Received	: 26/Nov/2023 10:57:55
Visit ID	: IDCD0427752324	Reported	: 26/Nov/2023 12:43:51
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen)</b> Sample:Serum	7.23	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	0.52	mg/dl	0.5-1.20	MODIFIED JAFFES
<b>Uric Acid</b> Sample:Serum	3.71	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	<b>85.50</b>	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>88.80</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	<b>93.70</b>	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.21	gm/dl	6.2-8.0	BIURET
Albumin	4.36	gm/dl	3.4-5.4	B.C.G.
Globulin	2.85	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.53		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	154.97	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.45	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.16	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.29	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	208.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	66.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	129	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	12.78	mg/dl	10-33	CALCULATED
Triglycerides	63.90	mg/dl	< 150 Normal 150-199 Border 200-499 High >500 Very High	CALCULATED

  
Dr. Shoaib Irfan (MBBS, MD, PDCC)





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Age/Gender	: 51 Y O M O D /F	Collected	: 26/Nov/2023 13:41:19
UHID/MR NO	: IDCD.0000196763	Received	: 26/Nov/2023 13:45:42
Visit ID	: IDCD0427752324	Reported	: 26/Nov/2023 14:50:56
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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.0)			DIPSTICK
Appearance	TURBID			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	PRESENT +			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
<b>Microscopic Examination:</b>				
<b>Epithelial cells</b>	ABSENT			MICROSCOPIC EXAMINATION
<b>Pus cells</b>	3-4/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### STOOL, ROUTINE EXAMINATION \* , Stool

Color	YELLOWISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.0)





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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

#### 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. Shoaib Irfan (MBBS, MD, PDCC)







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UHID/MR NO	: IDCD.0000196763	Received	: 26/Nov/2023 13:39:21
Visit ID	: IDCD0427752324	Reported	: 26/Nov/2023 14:58:15
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## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \*\* , Serum

T3, Total (tri-iodothyronine)	135.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.890	µIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	µIU/mL	First Trimester
0.5-4.6	µIU/mL	Second Trimester
0.8-5.2	µIU/mL	Third Trimester
0.5-8.9	µIU/mL	Adults 55-87 Years
0.7-27	µIU/mL	Premature 28-36 Week
2.3-13.2	µIU/mL	Cord Blood > 37Week
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)
1-39	µIU/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.

Dr. Anupam Singh (MBBS MD Pathology)





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Visit ID	: IDCD0427752324	Reported	: 26/Nov/2023 14:50:50
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## DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

### X-RAY DIGITAL CHEST PA \*

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

### DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- **Both domes of diaphragm are low and depressed.**
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- **Both hilar shadows and bronchovascular markings are prominent.**
- **Mild parahilar haziness seen in right lower lobe.**
- **Both lung fields show evidence of mild hyperinflation with increased translucency.**

### IMPRESSION :

- **Bronchitis with mild superadded infection on the background of mild emphysematous changes.**

**Adv: Clinicopathological correlation / follow up.**

Dr. Anoop Agarwal  
MBBS,MD(Radiology)





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

##### LIVER

- The liver is normal in size and has a normal homogenous echotexture. No focal lesion is seen.

##### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

##### PANCREAS

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

##### RIGHT KIDNEY

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

##### LEFT KIDNEY

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### SPLEEN

- The spleen is normal in size and has a homogenous echotexture. No focal lesion is seen.

#### ILIAC FOSSA

- Scan over the iliac fossae does not reveal any fluid collection or mass.

#### URINARY BLADDER

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

#### UTERUS (FUC menopause)

- Uterus is small normal for age.
- **Thick bright echo seen in the region of endocervix, likely calcification.**

#### IMPRESSION

- **Focal calcification endo cervix.**

**Adv:- Clinicopathological correlation, follow up**

Typed by- shanaya


\*\*\* End Of Report \*\*\*

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



  
Dr. Anoop Agarwal  
MBBS,MD(Radiology)

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 \*  
365 Days Open \*Facilities Available at Select Location

Page 12 of 12



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Home Sample Collection  
1800-419-0002

Mar. 2018