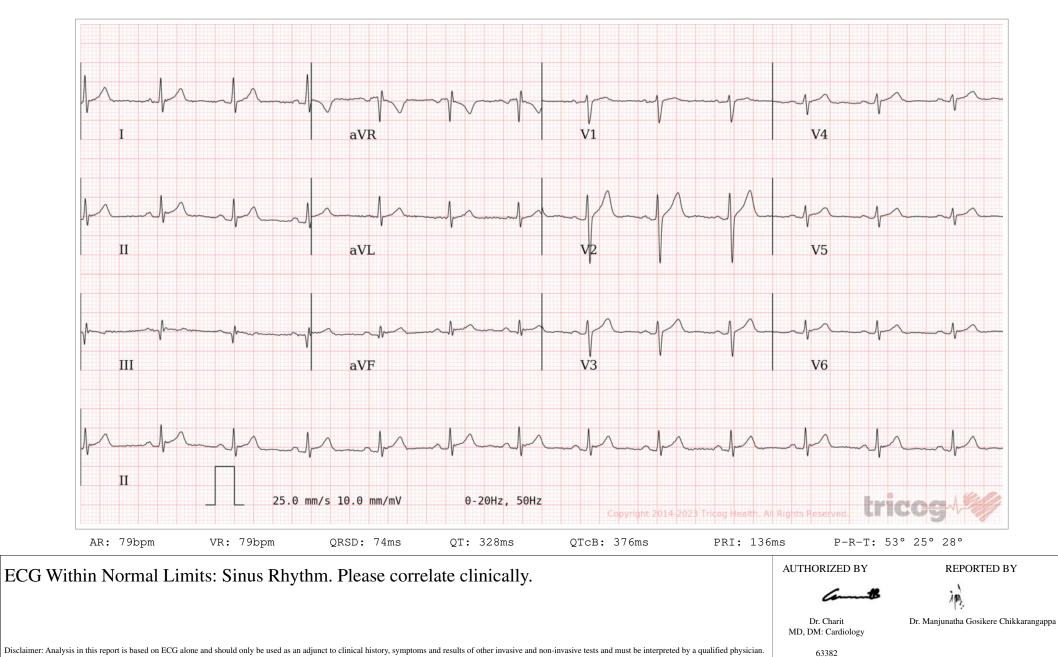
### **Chandan Diagnostic**

Date and Time: 9th Jul 23 9:24 AM



Age / Gender: 32/Male Patient ID: IDUN0117762324 Patient Name: Mr.ASHISH KUMAR-47956



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN: U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR-47956	Registered On	: 09/Jul/2023 08:37:10
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 09/Jul/2023 08:44:57
UHID/MR NO	: IDUN.0000203441	Received	: 09/Jul/2023 09:46:08
Visit ID	: IDUN0117762324	Reported	: 09/Jul/2023 13:30:39
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY						
MEDIWHEE	L BANK OF BAROD	DA MALE & FE	MALE BELOW 40 YRS	5		
Test Name	Result	Unit	Bio. Ref. Interval	Method		
Blood Group (ABO & Rh typing) * , BI	ood					
Blood Group	В					
Rh ( Anti-D)	POSITIVE					
(						
Complete Blood Count (CBC) * , Whole	e Blood					
Haemoglobin	13.80	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)	6,040.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE		
DLC						
Polymorphs (Neutrophils )	55.70	%	55-70	ELECTRONIC IMPEDANCE		
Lymphocytes	36.80	%	25-40	ELECTRONIC IMPEDANCE		
Monocytes	4.30	%	3-5	ELECTRONIC IMPEDANCE		
Eosinophils	2.40	%	1-6	ELECTRONIC IMPEDANCE		
Basophils	0.80	%	<1	ELECTRONIC IMPEDANCE		
ESR						
Observed	8.00	Mm for 1st hr.				
Corrected		Mm for 1st hr.	. <9			
PCV (HCT)	38.60	%	40-54			
Platelet count						
Platelet Count	1.88	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC		
PDW (Platelet Distribution width)	13.80	fL	9-17	ELECTRONIC IMPEDANCE		
P-LCR (Platelet Large Cell Ratio)	36.30	%	35-60	ELECTRONIC IMPEDANCE		
PCT (Platelet Hematocrit)	0.18	%	0.108-0.282	ELECTRONIC IMPEDANCE		
MPV (Mean Platelet Volume)	9.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE		
RBC Count						
RBC Count	3.96	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE		
Blood Indices (MCV, MCH, MCHC)		-				





Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR-47956	Registered On	: 09/Jul/2023 08:37:10
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 09/Jul/2023 08:44:57
UHID/MR NO	: IDUN.0000203441	Received	: 09/Jul/2023 09:46:08
Visit ID	: IDUN0117762324	Reported	: 09/Jul/2023 13:30:39
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

#### DEPARTMENT OF HAEMATOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	97.50	fl	80-100	CALCULATED PARAMETER
MCH	34.70	pg	28-35	CALCULATED PARAMETER
MCHC	35.60	%	30-38	CALCULATED PARAMETER
RDW-CV	14.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	57.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,370.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	140.00	/cu mm	40-440	

DR. RITU BHATIA MD (Pathology)





Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR-47956	Registered On	: 09/Jul/2023 08:37:11
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 09/Jul/2023 08:44:56
UHID/MR NO	: IDUN.0000203441	Received	: 09/Jul/2023 09:46:08
Visit ID	: IDUN0117762324	Reported	: 10/Jul/2023 11:44:45
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
GLUCOSE FASTING , Plasma				
Glucose Fasting	128.60	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.

DR. RITU BHATIA MD (Pathology)

**Home Sample Collectio** 

1800-419-0002

ິຂ



Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR-47956	Registered On	: 09/Jul/2023 08:37:12
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 09/Jul/2023 08:44:56
UHID/MR NO	: IDUN.0000203441	Received	: 09/Jul/2023 09:46:08
Visit ID	: IDUN0117762324	Reported	: 09/Jul/2023 12:41:20
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. R	ef. Interval Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	* , EDTA BLOOD		
Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	103	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)	<b>Degree of Glucose Control Unit</b>
> 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 1 diabetics. 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.

#### **<u>Clinical Implications:</u>**

\*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

Page 4 of 10







Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR-47956	Registered On	: 09/Jul/2023 08:37:12
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 09/Jul/2023 08:44:56
UHID/MR NO	: IDUN.0000203441	Received	: 09/Jul/2023 09:46:08
Visit ID	: IDUN0117762324	Reported	: 09/Jul/2023 12:41:20
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	
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 fal	sely elevated values. 2. Presen	ce of Hb S, C,	E, D, G, and Lepore (au	tosomal recessive mutation	

resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) * Sample:Serum	12.60	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.86	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-27 Female-20-320	MODIFIED JAFFES 5
Uric Acid Sample:Serum	6.51	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	24.12	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	34.06	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	20.37	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.28	gm/dl	6.2-8.0	BIURET
Albumin	4.01	gm/dl	3.4-5.4	B.C.G.
Globulin	2.27	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.77		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	123.07	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.69	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.23	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.46	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	207.43	mg/dl	<200 Desirable 200-239 Borderline Higł > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	41.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	137	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	28.84	mg/dl	10-33	CALCULATED





Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR-47956	Registered On	: 09/Jul/2023 08:37:12
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 09/Jul/2023 08:44:56
UHID/MR NO	: IDUN.0000203441	Received	: 09/Jul/2023 09:46:08
Visit ID	: IDUN0117762324	Reported	: 09/Jul/2023 12:41:20
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	ι	Unit	Bio. Ref. Interv	al	Method
Triglycerides	144.19	mg/dl	150-1 200-4	Normal 99 Borderline Higł 99 High Very High	GPO-PA	P







Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR-47956	Registered On	: 09/Jul/2023 08:37:11
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 09/Jul/2023 08:44:57
UHID/MR NO	: IDUN.0000203441	Received	: 09/Jul/2023 09:46:08
Visit ID	: IDUN0117762324	Reported	: 09/Jul/2023 14:03:52
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

#### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE *	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++) 200-500 (+++)	
			>500 (+++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
	Abselvi	511370	0.5-1.0 (++)	BITOTICK
			1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	ABSENT			
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%		
T				
Interpretation:				1.12
(+) < 0.5				(Kut
(++) 0.5-1.0				N

DR. RITU BHATIA MD (Pathology)



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



Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR-47956	Registered On	: 09/Jul/2023 08:37:12
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 09/Jul/2023 08:44:56
UHID/MR NO	: IDUN.0000203441	Received	: 10/Jul/2023 14:53:50
Visit ID	: IDUN0117762324	Reported	: 10/Jul/2023 16:32:38
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	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)	135.63	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.26	µlU/mL	0.27 - 5.5	CLIA
		*		
Interpretation:				
		0.3-4.5 μIU/ 0.5-4.6 μIU/		

#### 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 0.7-64µIU/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)







Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN: U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR-47956	Registered On	: 09/Jul/2023 08:37:13
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: IDUN.0000203441	Received	: N/A
Visit ID	: IDUN0117762324	Reported	: 09/Jul/2023 15:07:20
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: 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**

- 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

Page 9 of 10







Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR-47956	Registered On	: 09/Jul/2023 08:37:13
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: IDUN.0000203441	Received	: N/A
Visit ID	: IDUN0117762324	Reported	: 09/Jul/2023 10:01:13
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

#### **DEPARTMENT OF ULTRASOUND**

#### **MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS**

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

LIVER : is normal in size and echotexture. No focal lesion seen.

PORTAL VEIN : is normal at porta .

CBD is normal. Intra Hepatic biliary radicles are not dilated.

#### GALL BLADDER is not seen ( h/o cholecystectomy).

SPLEEN : is normal in size, shape and echotexture. No focal lesion is seen.

PANCREAS: Head and body appear normal. Tail is obscured by bowel gases.

KIDNEYS: Right kidney measures approx 11.2 x 4.3 cm and left kidney measures approx 11 x 5 cm.

Both kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No mass/calculus seen.

#### Left renal pelvis is dilated, measuring approx 20 mm.

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

URINARY BLADDER: seen in distended state with echofree lumen. Wall thickness is normal.

Post void residual urine volume is not significant.

**PROSTATE :** is normal in size and echotexture.

FLUID : No significant free fluid seen in peritoneal cavity.

IMPRESSION: -

#### DILATED LEFT RENAL PELVIS POSSIBILITY OF ? PELVI URETERIC JUNCTION OBSTRUCTION

### NO OTHER SIGNIFICANT ABNORMALITY NOTED

*Note: - In case of any discrepancy due to typing error kindly get it rectified immediately.* 

\*\*\* End Of Report \*\*\* (\*\*) Test Performed at Chandan Speciality Lab.



XAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG

Dr. Amit Bhandari 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 10 of 10



