Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075



: Final Report



Patient Name : Mrs.ARCHANA SINGH Registered On : 05/Dec/2021 11:07:11 Age/Gender : 35 Y 5 M 10 D /F Collected : 05/Dec/2021 11:12:43 UHID/MR NO : IDCD.0000128132 Received : 05/Dec/2021 16:20:06 Visit ID : IDCD0361112122 Reported : 05/Dec/2021 17:29:06 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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Blood Group	(ABO &	Rh typing)	** , Blood
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Blood Group 0 Rh (Anti-D) **POSITIVE**

COMPLETE BLOOD COUNT (CBC) **, Blood

Haemoglobin	12.40	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	7,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	64.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	22.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 20	
PCV (HCT)	37.00	cc %	40-54	
Platelet count				
Platelet Count	2.0	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	38.80	%	35-60	ELECTRONIC IMPEDANCE
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	3.92	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	101.20	fl	80-100	CALCULATED PARAMETER
MCH	31.70	pg	28-35	CALCULATED PARAMETER
ale-ale-aum	31.40	%	30-38	CALCULATED DADAMETED
20040000000000000000000000000000000000	13.10	%	11-16	ELECTRC
	46.80	fL	35-60	ELECTRC \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
utrophils Count	4,672.00	/cu mm	3000-7000	Dr. Anupam Singh
sinophils Count (AEC)	146.00	/cu mm	40-440	M.B.B.S,M.D.(Pathology

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

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≥ 126 Diabetes



Patient Name : Mrs.ARCHANA SINGH Registered On : 05/Dec/2021 11:07:11 Age/Gender : 35 Y 5 M 10 D /F Collected : 05/Dec/2021 11:12:43 UHID/MR NO : IDCD.0000128132 Received : 05/Dec/2021 13:50:08 Visit ID Reported : 05/Dec/2021 14:29:34 : IDCD0361112122

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	85.20	mg/dl	< 100 Normal 100-125 Pre-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. Shoaib Irfan (MBBS, MD, PDCC)

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Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075





Patient Name : Mrs.ARCHANA SINGH Registered On : 05/Dec/2021 11:07:11 Age/Gender : 35 Y 5 M 10 D /F Collected : 05/Dec/2021 11:12:43 UHID/MR NO : IDCD.0000128132 Received : 05/Dec/2021 14:12:10 Visit ID : IDCD0361112122 Reported : 05/Dec/2021 15:18:23 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

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.90	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	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.

^{**}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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Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075





Patient Name : Mrs.ARCHANA SINGH : 05/Dec/2021 11:07:11 Registered On Age/Gender : 35 Y 5 M 10 D /F Collected : 05/Dec/2021 11:12:43 UHID/MR NO : IDCD.0000128132 Received : 05/Dec/2021 14:12:10 Visit ID : IDCD0361112122 Reported : 05/Dec/2021 15:18:23

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

DEPARTMENT OF BIOCHEMISTRY

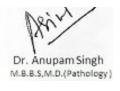
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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.





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Patient Name : Mrs.ARCHANA SINGH Registered On : 05/Dec/2021 11:07:11 Age/Gender : 35 Y 5 M 10 D /F Collected : 05/Dec/2021 11:12:43 UHID/MR NO : IDCD.0000128132 Received : 05/Dec/2021 13:51:42 Visit ID : IDCD0361112122 Reported : 05/Dec/2021 15:43:13 : Dr.Mediwheel - Arcofemi Health Care Ltd. Status Ref Doctor : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
lest Name	Kesuit	Ullit	DIO. Ref. Ifflet val	ivietiiou
BUN (Blood Urea Nitrogen) Sample:Serum	11.49	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.57	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	120.70	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	4.15	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	22.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	18.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	28.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.38	gm/dl	6.2-8.0	BIRUET
Albumin	3.95	gm/dl	3.8-5.4	B.C.G.
Globulin	3.43	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.15		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	135.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.46	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.26	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	167.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	47.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	97	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	22.42	mg/dl	10-33	CALCULATED
Triglycerides	112.10	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP

 $\label{lem:add:eq:add:eq:add:eq:add:eq} Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar Ph: 7706041643,7706041644$

CIN: U85196UP1992PLC014075





Patient Name : Mrs.ARCHANA SINGH Registered On : 05/Dec/2021 11:07:11 Age/Gender : 35 Y 5 M 10 D /F Collected : 05/Dec/2021 11:12:43 UHID/MR NO : IDCD.0000128132 Received : 05/Dec/2021 13:51:42 Visit ID : IDCD0361112122 Reported : 05/Dec/2021 15:43:13 : Dr.Mediwheel - Arcofemi Health Care Ltd. Status Ref Doctor : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

200-499 High >500 Very High



Dr. Shoaib Irfan (MBBS, MD, PDCC)

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

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Patient Name : Mrs.ARCHANA SINGH Registered On : 05/Dec/2021 11:07:11 Age/Gender : 35 Y 5 M 10 D /F Collected : 05/Dec/2021 12:30:00 UHID/MR NO : IDCD.0000128132 Received : 05/Dec/2021 16:17:30 Visit ID : IDCD0361112122 Reported : 05/Dec/2021 17:11:14 : Dr.Mediwheel - Arcofemi Health Care Ltd. Status Ref Doctor : 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 ** , ,	Irine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
11010111	71002111	9 /	10-40 (+)	Bill of tok
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
	4.005147		> 2 (++++)	DIO OLUEN MOTELL
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	ABSENT			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
2	ADOENIT			EXAMINATION
Cast	ABSENT			Maranania
Crystals	ABSENT			MICROSCOPIC
Others	ABSENT			EXAMINATION
Officis	ADSEIVI			
SUGAR, FASTING STAGE **, Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation: (+) < 0.5				

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5\text{-}1.0 \\ (+++) & 1\text{-}2 \end{array}$

(++++) > 2

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Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

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Patient Name : Mrs.ARCHANA SINGH Registered On : 05/Dec/2021 11:07:11 Age/Gender : 35 Y 5 M 10 D /F Collected : 05/Dec/2021 12:30:00 UHID/MR NO : IDCD.0000128132 Received : 05/Dec/2021 16:17:30 Visit ID : IDCD0361112122 Reported : 05/Dec/2021 17:11:14 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





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Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075





Patient Name : Mrs.ARCHANA SINGH Registered On : 05/Dec/2021 11:07:11 Age/Gender : 35 Y 5 M 10 D /F Collected : 05/Dec/2021 11:12:43 UHID/MR NO : IDCD.0000128132 Received : 05/Dec/2021 13:47:39 Visit ID : IDCD0361112122 Reported : 05/Dec/2021 14:20:40 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

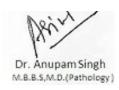
DEPARTMENT OF IMMUNOLOGY

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)	121.52	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.32	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.00	μlŪ/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 $\mu IU/m$	L First Trimest	er
		0.5-4.6 μ IU/m		
		0.8-5.2 µIU/ml		
		$0.5-8.9 \mu IU/m$		55-87 Years
		$0.7-27 \mu IU/m$		28-36 Week
		2.3-13.2 μIU/ml		
		0.7-64 μIU/ml	,	,
		1-39 μIU/r 1.7-9.1 μIU/ml		0-4 Days 2-20 Week
		1.7-9.1 μIU/m	L CIIIIa	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.





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Patient Name : Mrs.ARCHANA SINGH Registered On : 05/Dec/2021 11:07:12

 Age/Gender
 : 35 Y 5 M 10 D /F
 Collected
 : N/A

 UHID/MR NO
 : IDCD.0000128132
 Received
 : N/A

Visit ID : IDCD0361112122 Reported : 05/Dec/2021 17:18:20

Ref Doctor : Dr. Mediwheel - Arcofemi Health Care Ltd. 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

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION: NORMAL SKIAGRAM

*** End Of Report ***

(*) Test not done under NABL accredited Scope, (**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



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 *

*Facilities Available at Select Location