

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261

CIN: U85110DL2003PLC308206



Patient Name

: Mr.SALMAN ALI -110511

Registered On

: 17/Feb/2024 09:02:19

Age/Gender UHID/MR NO : 41 Y 1 M 12 D /M : ALDP.0000135079 Collected : N/A Received : N/A

: N/A

Visit ID

: ALDP0364852324

CARE LTD -

Reported

: 18/Feb/2024 11:10:55

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

Status

: Final Report

# DEPARTMENT OF CARDIOLOGY-ECG MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ECG / EKG \*

1. Machnism, Rhythm

Sinus, Regular

2. Atrial Rate

**78** 

/mt

3. Ventricular Rate

**78** 

/mt

4. P - Wave

Normal

5. P R Interval

Normal

6. Q R S

Axis:

Normal

R/S Ratio: Configuration:

Normal Normal

7. Q T c Interval

Normal

8. S - T Segment

Normal

9. T – Wave

Normal

### **FINAL IMPRESSION**

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.













CIN: U85110DL2003PLC308206



Patient Name : Mr.SALMAN ALI -110511 Registered On : 17/Feb/2024 09:02:12 Age/Gender Collected : 17/Feb/2024 09:18:53 : 41 Y 1 M 12 D /M UHID/MR NO : ALDP.0000135079 Received : 17/Feb/2024 09:56:34 Visit ID : ALDP0364852324 Reported : 17/Feb/2024 12:00:13

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

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# DEPARTMENT OF HAEMATOLOGY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) *, Bloo	d			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole B	lood			
Haemoglobin	14.70	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) <u>DLC</u>	5,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	55.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	38.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	4.00	Mm for 1st hr.		
Corrected	45	Mm for 1st hr.	< 9	
PCV (HCT)	44.00	%	40-54	
Platelet count				
Platelet Count	1.75	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	17.10	, fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE











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### **DEPARTMENT OF HAEMATOLOGY**

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.96	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	89.10	fΙ	80-100	CALCULATED PARAMETER
MCH	29.70	pg	28-35	CALCULATED PARAMETER
MCHC	33.30	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,190.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	116.00	/cu mm	40-440	

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Dr.Akanksha Singh (MD Pathology)









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Patient Name : Mr.SALMAN ALI -110511

Mr.SALMAN ALI -110511 Registered On

: 17/Feb/2024 09:02:17

Age/Gender

: 41 Y 1 M 12 D /M : ALDP.0000135079 : 17/Feb/2024 09:18:53

UHID/MR NO Visit ID

: ALDP0364852324

Received : 17/Feb/2024 09:56:34 Reported : 17/Feb/2024 12:09:08

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Status

Collected

: Final Report

### **DEPARTMENT OF BIOCHEMISTRY**

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

**GLUCOSE FASTING** \*, Plasma

Glucose Fasting

104.60

mg/dl

< 100 Normal

GOD POD

100-125 Pre-diabetes

≥ 126 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.

Glucose PP \*

148.20

mg/dl

<140 Normal

**GOD POD** 

140-199 Pre-diabetes

>200 Diabetes

### **Interpretation:**

Sample:Plasma After Meal

- 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)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.90	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	104	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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### DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 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)	<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

<sup>\*</sup>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:

<sup>\*</sup>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	16.06	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.90	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	4.31	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) \*, Serum





<sup>\*\*</sup>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 ABOVE 40 YRS

Test Name	Result	U	nit Bio. Ref. Interv	al Method
SGOT / Aspartate Aminotransferase (AST)	24.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	35.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	34.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.40	gm/dl	6.2-8.0	BIURET
Albumin	4.20	gm/dl	3.4-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.91	,	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	91.80	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) *, Serum				
Cholesterol (Total)	198.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	60.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	88	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High	
	- Introduction		> 190 Very High	
VLDL	50.30	mg/dl	10-33	CALCULATED
Triglycerides	251.50	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. Akanksha Singh (MD Pathology)











**Test Name** 

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Method

Patient Name : Mr.SALMAN ALI -110511 Registered On : 17/Feb/2024 09:02:16 Age/Gender Collected : 17/Feb/2024 14:23:30 : 41 Y 1 M 12 D /M UHID/MR NO : ALDP.0000135079 Received : 17/Feb/2024 14:25:02 Visit ID Reported : 17/Feb/2024 15:04:50 : ALDP0364852324

Result

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

CARE LTD -

# DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Unit

Bio. Ref. Interval

cst ivallic	Result	Offic	Dio. Ref. lifterval	Method
DINE EVANGINATION DOLLTINE *				
RINE EXAMINATION, ROUTINE *, Urine				
Color Specific Crowity	PALE YELLOW			
Specific Gravity Reaction PH	1.020			DIPSTICK
	Acidic (6.0)			DIPSTICK
Appearance Protein	CLEAR TRACE	ma 0/	< 10 Absent	DIPSTICK
Totem	TRACE	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
Section 1			0.5-1.0 (++)	
			1-2 (+++)	
		1 1 X	> 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT		3 1 . 2	DIDOTION
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			DIDCTION
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
	4.0.11			EXAMINATION
Pus cells	1-2/h.p.f			MODOCOODIO
RBCs	1-2/h.p.f			MICROSCOPIC EXAMINATION
Coot	ABSENT			EXAMINATION
Cast	ABSENT			MICROSCOPIC
Crystals	ADSEIVI			EXAMINATION
Others	ABSENT			LAAMINATION
Jrine Microscopy is done on centrifuged urin	e sediment.			
LOAD FACTING CTAGE *				
JGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage				







Age/Gender

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Patient Name : Mr.SALMAN ALI -110511

: 41 Y 1 M 12 D /M

: ALDP.0000135079 : ALDP0364852324

Received

: 17/Feb/2024 09:02:16 : 17/Feb/2024 14:23:30

Collected : 17/Feb/2024 14:25:02

Reported

Registered On

: 17/Feb/2024 15:04:50

: Dr. MEDIWHEEL-ARCOFEMI HEALTH Ref Doctor

CARE LTD -

Status : Final Report

# **DEPARTMENT OF CLINICAL PATHOLOGY**

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

**Test Name** Result Unit Bio. Ref. Interval Method

### **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. Akanksha Singh (MD Pathology)



Home Sample Collectio 1800-419-0002





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Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD - Status : Final Report

### DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	139.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	4.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.500	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		,		
, •		0.3-4.5 μIU/r	nL First Trimes	ter
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/r	nL Third Trimes	ster
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/1		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. Akanksha Singh (MD Pathology)

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Registered On

: 17/Feb/2024 09:02:20

Collected : N/A Received : N/A

Reported

: 17/Feb/2024 15:14:28

Status : Final Report

### **DEPARTMENT OF X-RAY**

### MEDIWHEEL BANK OF BARODA MALE ABOVE 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.
- Hilars prominent.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

DR K N SINGH (MBBS,DMRE)









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Patient Name : Mr.SALMAN ALI -110511

: WI . SALWAN ALI - 1 105 : 41 Y 1 M 12 D /M Registered On Collected : 17/Feb/2024 09:02:20

Age/Gender UHID/MR NO

: ALDP.0000135079

Collected : N/A Received : N/A

17/Eob/2024 10: 44: 52

Visit ID

: ALDP0364852324

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: 17/Feb/2024 10:44:52

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Status

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# DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

**LIVER**: - Normal in size (13.1 cm), 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 (9.3 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size (9.1cm), 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, 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 \*\*\*

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, PSA (Prostate Specific Antigen), Total, Tread Mill Test (TMT)



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\*





