

Chandan Diagnostics Centre Varanasi

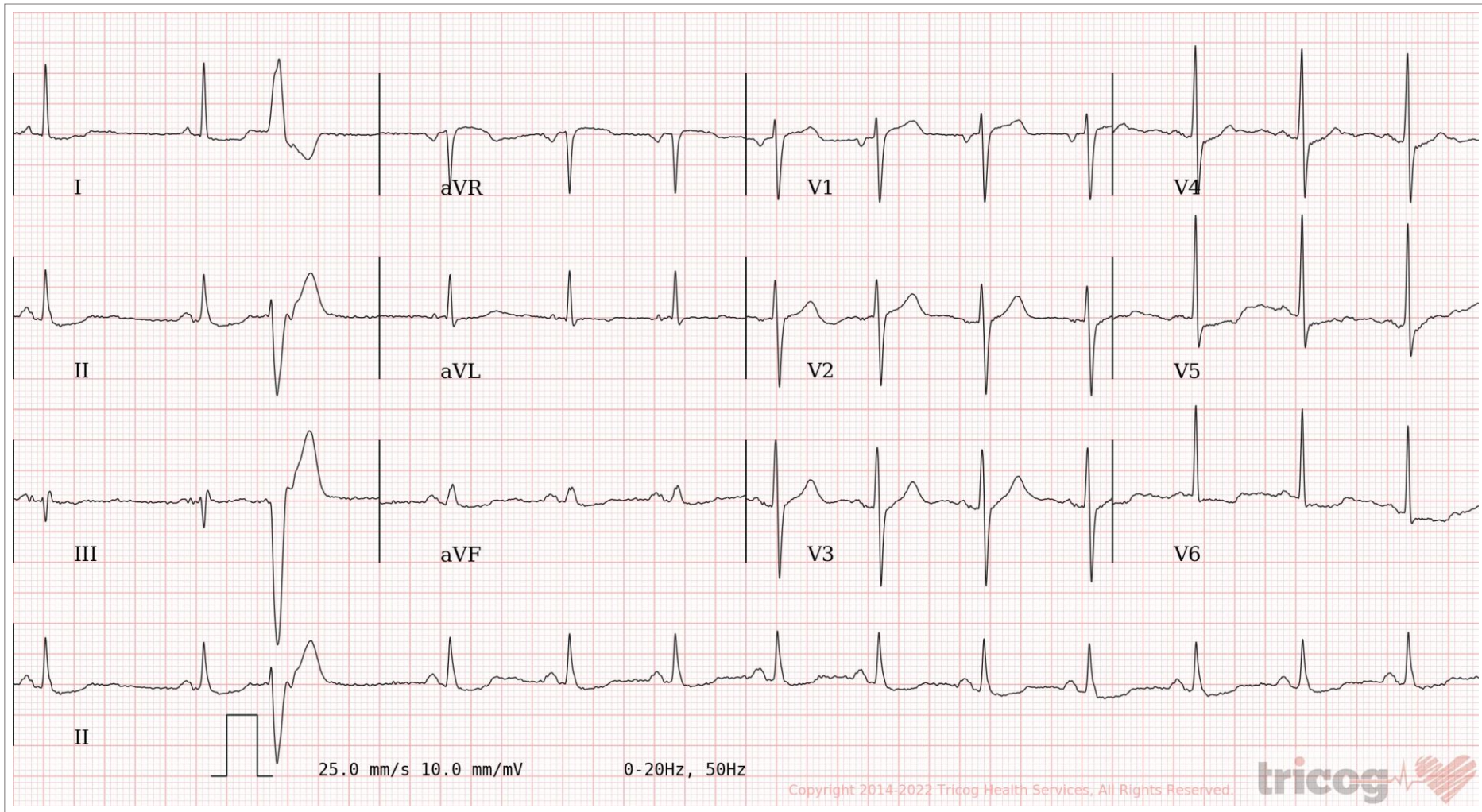
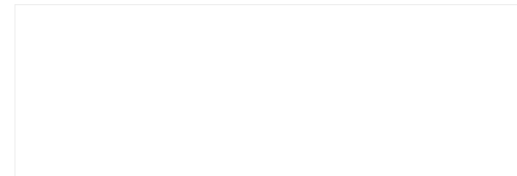


Age / Gender: 33/Male

Date and Time: 21st Aug 22 10:36 AM

Patient ID: CVAR0039092223

Patient Name: Mr. RUPA SINGH-PKG10000239



AR: 81bpm VR: 81bpm QRSD: 80ms QT: 346ms QTc: 401ms PRI: 134ms P-R-T: 59° 20° 183°

Sinus Rhythm, Normal Axis, with occasional, Premature Ventricular Complexes, Nonspecific ST and T wave Abnormality. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr Sadath Uzma

72392



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795,0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RUPA SINGH -PKG10000239	Registered On	: 21/Aug/2022 09:07:48
Age/Gender	: 33 Y 0 M 0 D /F	Collected	: 21/Aug/2022 10:14:09
UHID/MR NO	: CVAR.0000031296	Received	: 21/Aug/2022 10:15:46
Visit ID	: CVAR0039092223	Reported	: 21/Aug/2022 12:41:07
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
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	A
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	11.70	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
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TLC (WBC)	5,900	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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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	20.00	Mm for 1st hr.
Corrected	10.00	Mm for 1st hr. < 20
PCV (HCT)	35.80	cc % 40-54

Platelet count

Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	4.30	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
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Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	83.40	fl	80-100	CALCULATED PARAMETER
MCH	27.20	pg	28-35	CALCULATED PARAMETER
MCHC	32.60	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,835.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	118.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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UHID/MR NO	: CVAR.0000031296	Received	: 21/Aug/2022 16:05:23
Visit ID	: CVAR0039092223	Reported	: 21/Aug/2022 16:16:14
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
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GLUCOSE FASTING , Plasma

Glucose Fasting	80.20	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

120.00	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.



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	105	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 G8 90 SL TOSOH HPLC Analyser.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.

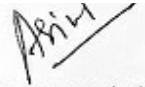
*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency 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.




Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)





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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	8.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.90	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid Sample:Serum	4.00	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	20.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	18.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	17.10	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.60	gm/dl	6.2-8.0	BIRUET
Albumin	3.60	gm/dl	3.8-5.4	B.C.G.
Globulin	3.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.20		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	NA	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)	186.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	57.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	105	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
	23.58	mg/dl	10-33	CALCULATED
	117.90	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P



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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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SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



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CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CVAR.0000031296	Received	: 22/Aug/2022 11:12:22
Visit ID	: CVAR0039092223	Reported	: 22/Aug/2022 11:50:37
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
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THYROID PROFILE - TOTAL ** , Serum

T3, Total (tri-iodothyronine)	136.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.05	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.

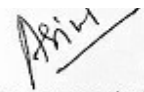
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

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
M.B.B.S, M.D. (Pathology)





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Patient Name	: Mrs.RUPA SINGH -PKG10000239	Registered On	: 21/Aug/2022 09:07:50
Age/Gender	: 33 Y 0 M 0 D /F	Collected	: N/A
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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

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

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

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



Dr Raveesh Chandra Roy (MD-Radio)

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





CHANDAN DIAGNOSTIC CENTRE



Name of Company: *mediowheel*

Name of Executive: *Rupa singh*

Date of Birth: *20/03/1989*

Sex: Male / Female

Height: *163* CMs

Weight: *60* KGs

BMI (Body Mass Index) : *22.6*

Chest (Expiration / Inspiration) *87/89* CMs

Abdomen: *73* CMs

Blood Pressure: *100/70* mm/Hg

Pulse: *80* BPM - Regular / Irregular

RR: *16* Resp/Min

Identification Mark: *note on hand*

Any Allergies: *NO*

Vertigo: *NO*

Any Medications: *NO*

Any Surgical History: *NO*

Habits of alcoholism/smoking/tobacco: *NO*

Chief Complaints if any: *NO*

Lab Investigation Reports: *YES*

Eye Check up vision & Color vision:

Power / Reading Glasses : Yes / No

Left eye: *normal*

Right eye: *normal*





CHANDAN DIAGNOSTIC CENTRE



Near vision: *normal*
 Far vision : *normal*
 Dental check up : *normal*
 ENT Check up : *normal*
 Eye Checkup: *normal*

Final impression

Certified that I examined *Rupa Singh* S/o or D/o *Ranj Bhadur Singh*
 is presently in good health and free from any cardio-respiratory/communicable
 ailment, he/she is *fit / Unfit to join any organization.*

Rupa Singh
Client Signature :-


[Signature]
 Signature of Medical Examiner

Name & Qualification - Dr. R. C. Roy (MBBS,MD)

Date...../..... /2022, Place - VARANASI

Handwritten stamp:
 Reg. No. (India Diagnostic)
 Reg. No. - 26918
 R.C. Roy




 बैंक ऑफ बड़ोदा
Bank of Baroda

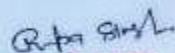
नाम रुपा सिंह
Name Rupa Singh

कर्मचारी कूट क्र. 166748
E.C. No.




प्राधिकार प्राप्त अधिकारी, क्षेत्रीय प्रबंधक/जन क्षेत्रीय प्रबंधक (वा.प.)
Issuing authority, Regional Head/Regional Head (V.P.)




धारक के हस्ताक्षर
Signature of Holder



भारत सरकार
Government of India



रुपा सिंह
Rupa Singh
जन्म तिथि/DOB: 20/03/1989
महिला/ FEMALE

5952 8949 8240

VID : 9110 7374 8953 9154



मेरा आधार, मेरी पहचान