

chandan diagnostic <cdclakhimpur@gmail.com>

## Re: Health Check up Booking Confirmed Request(bobE35197), Package Code-PKG10000238, Beneficiary Code-55985

1 message

anurag sri <anurag.idc@gmail.com>

Thu, Mar 23, 2023 at 12:45 PM

To: Mediwheel <wellness@mediwheel.in>, chandan diagnostic <cdclakhimpur@gmail.com> Co: customercare@mediwheel.in

confirmed

Pack Code 2613

On Thu, Mar 23, 2023 at 11:12 AM Mediwheel <wellness@mediwheel.in> wrote:



011-41195959

Email:wellness@mediwheel.in

#### Hi Chandan Healthcare Limited,

Diagnostic/Hospital Location :Kamnath Hospital, GIC, Government inter College, Jail Rd, Police Line, City:Lakhimpur Kheri

We have received the confirmation for the following booking .

Beneficiary Name: PKG10000238

Beneficiary Name: MR. AHAMAD NASIR

Member Age : 34

Member Gender : Male

Member Relation : Employee

Package Name : Full Body Health Checkup Male Below 40

Location : BHIRA, Uttar Pradesh-262901

Contact Details : 9598101022

Booking Date : 22-03-2023

Appointment Date: 24-03-2023

#### Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
- 4. Please bring all your medical prescriptions and previous health medical records with you.
- 5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

#### For Women:

- 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any Health Check during menstrual cycle.





#### भारत सरकार Government of India



नसीर अहनद Nasir Ahamad जन्म तिथि/DOB: 01/01/1987 पुरुष/ MALE

3827 6049 1396



आधार, मेरी



### GPS Map Camera

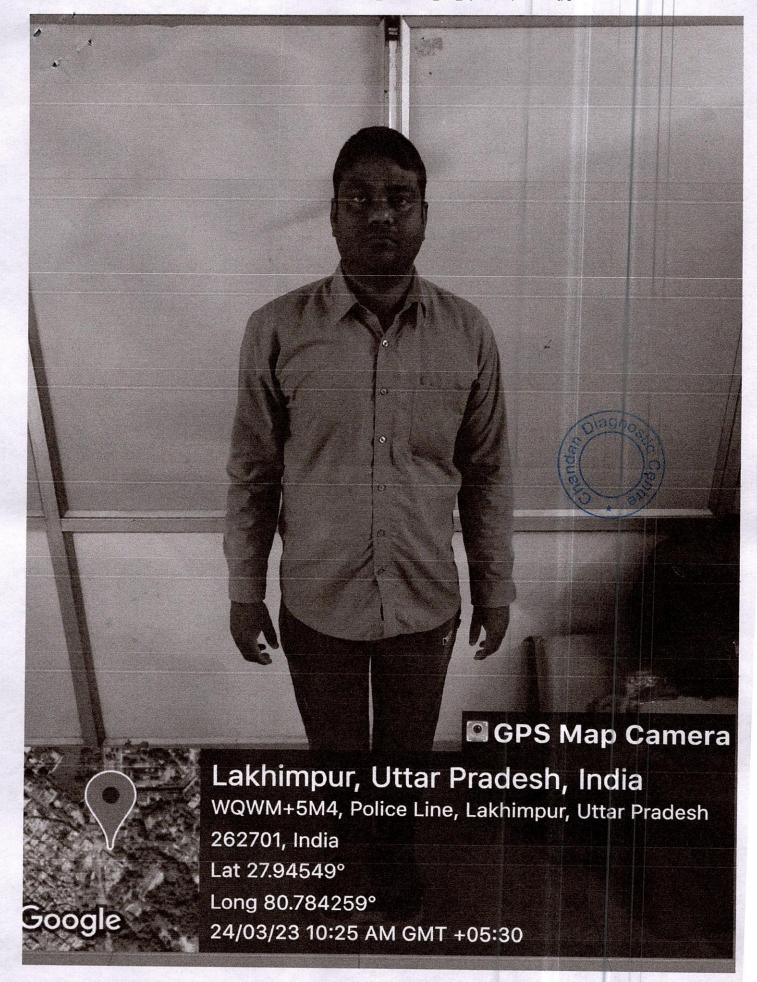


Lakhimpur, Uttar Pradesh, India

GIC, Government inter College, WQWM+4P5, Jail Rd, Police Line, Lakhimpur, Uttar Pradesh 262701, India Lat 27.945274°

Long 80.784424°

24/03/23 10:26 AM GMT +05:30





# Chandan Diagnostic

Date and Time: 24th Mar 23 11:57 AM

36/Male

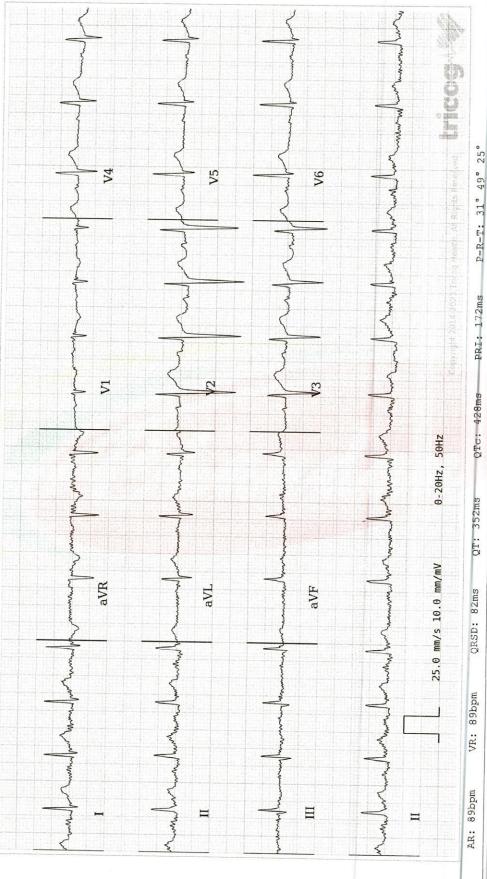
CDCL0464652223

Age / Gender:

Patient ID:

Patient Name:

Mr.NASIR AHMAD-9598101022





AUTHORIZED BY

Dr. Charit MD, DM: Cardiology

63382

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



correlate clinically.

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Baseline artefacts. Please





Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NASIR AHMAD-9598101022 Registered On : 24/Mar/2023 09:50:11 Age/Gender : 36 Y 2 M 21 D /M Collected : 24/Mar/2023 10:12:34 UHID/MR NO : CDCL.0000196564 Received : 24/Mar/2023 10:37:53 Visit ID : CDCL0464652223 Reported : 24/Mar/2023 12:29:08

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** 

Α

Rh ( Anti-D)

**POSITIVE** 

Complete Blood Count (CBC) \*, Whole Blood

Haemoglobin 14.80 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

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

4,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
58.00	%	55-70	ELECTRONIC IMPEDANCE
34.00	%	25-40	ELECTRONIC IMPEDANCE
3.00	%	3-5	ELECTRONIC IMPEDANCE
5.00	%	1-6	ELECTRONIC IMPEDANCE
0.00	%	<1	ELECTRONIC IMPEDANCE
8.00	Mm for 1st hr.		
2.00	Mm for 1st hr.	< 9	
42.00	%	40-54	
1.30	LACS/cu mm	1.5-4.0	ELECTRONIC
			IMPEDANCE/MICROSCOPIC
16.00	fL	9-17	ELECTRONIC IMPEDANCE
58.00	%	35-60	ELECTRONIC IMPEDANCE
0.18	%	0.108-0.282	ELECTRONIC IMPEDANCE
14.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE
4.87	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
	58.00 34.00 3.00 5.00 0.00 8.00 2.00 42.00 1.30 16.00 58.00 0.18 14.50	58.00 % 34.00 % 3.00 % 5.00 % 0.00 %  8.00 Mm for 1st hr. 2.00 Mm for 1st hr. 42.00 %  1.30 LACS/cu mm  16.00 fL 58.00 % 0.18 % 14.50 fL	58.00 % 55-70 34.00 % 25-40 3.00 % 3-5 5.00 % 1-6 0.00 % <1  8.00 Mm for 1st hr. 2.00 Mm for 1st hr. <9 42.00 % 40-54  1.30 LACS/cu mm 1.5-4.0  16.00 fL 9-17 58.00 % 35-60 0.18 % 0.108-0.282 14.50 fL 6.5-12.0









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CIN: U85110DL2003PLC308206



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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
Blood Indices (MCV, MCH, MCHC)				
MCV	85.80	fl	80-100	CALCULATED PARAMETER
MCH	30.50	pg	28-35	CALCULATED PARAMETER
MCHC	35.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,320.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	200.00	/cu mm	40-440	









Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NASIR AHMAD-9598101022 : 24/Mar/2023 09:50:12 Registered On Age/Gender : 36 Y 2 M 21 D /M Collected : 24/Mar/2023 15:37:55 UHID/MR NO : CDCL.0000196564 Received : 24/Mar/2023 16:42:01 Visit ID : CDCL0464652223 Reported : 24/Mar/2023 17:17:15

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	104.08	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.

Glucose PP *	129.95	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 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.









Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NASIR AHMAD-9598101022 : 24/Mar/2023 09:50:13 Registered On Collected Age/Gender : 36 Y 2 M 21 D /M : 24/Mar/2023 10:12:34 UHID/MR NO : CDCL.0000196564 Received : 25/Mar/2023 11:15:06 Visit ID : CDCL0464652223 Reported : 25/Mar/2023 13:07:27 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)	5.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	39.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	117	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

<sup>\*</sup>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.

#### **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 nondiabetic conditions: a. Iron-deficiency anemia b. Splenectomy





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





Visit ID

Add: Kamnath Market, Hospital Road, Lakhimpur

Ph: 9235400943,

CIN: U85110DL2003PLC308206



 Patient Name
 : Mr.NASIR AHMAD-9598101022
 Registered On
 : 24/Mar/2023 09:50:13

 Age/Gender
 : 36 Y 2 M 21 D /M
 Collected
 : 24/Mar/2023 10:12:34

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: CDCL.0000196564 Received : 25/Mar/2023 11:15:06 : CDCL0464652223 Reported : 25/Mar/2023 13:07:27

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

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection 1800-419-0002

<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>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.





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Patient Name : Mr.NASIR AHMAD-9598101022 Registered On : 24/Mar/2023 09:50:13 Age/Gender : 36 Y 2 M 21 D /M Collected : 24/Mar/2023 10:12:34 UHID/MR NO : CDCL.0000196564 : 24/Mar/2023 10:50:00 Received Visit ID : CDCL0464652223 Reported : 24/Mar/2023 11:12:43

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
BUN (Blood Urea Nitrogen) * Sample:Serum	7.38	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.80	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid *	7.10	mg/dl	3.4-7.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	34.15	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	68.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	30.05	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.28	gm/dl	6.2-8.0	BIRUET
Albumin	3.86	gm/dl	3.8-5.4	B.C.G.
Globulin	2.42	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.60		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	77.47	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.85	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.35	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	185.81	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP 1
HDL Cholesterol (Good Cholesterol)	49.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	102	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optimal 130-159 Borderline Higl 160-189 High > 190 Very High	
VLDL	34.43	mg/dl	10-33	CALCULATED
Triglycerides	172.17	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High	GPO-PAP 1









Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NASIR AHMAD-9598101022 Registered On

: 24/Mar/2023 09:50:13

Age/Gender

: 36 Y 2 M 21 D /M

Collected Received

: 24/Mar/2023 10:12:34 : 24/Mar/2023 10:50:00

UHID/MR NO Visit ID

: CDCL.0000196564 : CDCL0464652223

Reported

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status

: 24/Mar/2023 11:12:43

: Final Report

#### **DEPARTMENT OF BIOCHEMISTRY**

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

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

>500 Very High











Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NASIR AHMAD-9598101022 Registered On : 24/Mar/2023 09:50:12 Age/Gender : 36 Y 2 M 21 D /M Collected : 24/Mar/2023 15:39:33 UHID/MR NO : CDCL.0000196564 : 24/Mar/2023 16:34:45 Received Visit ID : CDCL0464652223 Reported : 24/Mar/2023 18:05:19

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

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

URINE EXAMINATION, ROUTINE * , Urine  Color	Test Name	Result	Unit	Bio. Ref. Interval	Method
Color Specific Gravity 1.010 Reaction PH Acidic (6.0) Protein ABSENT Mg					
Specific Gravity	URINE EXAMINATION, ROUTINE * , U	rine			
Reaction PH	Color	CLEAR			
Protein	Specific Gravity	1.010			
10-40 (+)   40-200 (++)   200-500 (++++)   200-500 (++++)   200-500 (++++)   200-500 (++++)   200-500 (+++++++++++++++++++++++++++++++++++	Reaction PH	Acidic ( 6.0 )			DIPSTICK
Sugar  ABSENT  BIOCHEMISTRY  BIIE Salts  BIIE Pigments  Urobilinogen(1:20 dilution)  Microscopic Examination:  Epithelial cells  O-1/h.p.f  RBCs  ABSENT  ABSENT  RBCs  ABSENT  ABSENT  RBCs  ABSENT  Crystals  ABSENT  Crystals  ABSENT  Crystals  ABSENT  Cloor  BROWNISH  Consistency  RECUCHEMISTRY  ABSENT  Crystals  ABSENT  STOOL, ROUTINE EXAMINATION*, Stool  Color  BROWNISH  Consistency  SEMI SOLID  Reaction (PH)  Acidic (6.5)  Mucus  ABSENT  ABSENT  ABSENT  ABSENT  AUCONOCH  EXAMINATION  ACIDIC EXAMINATION  ACIDIC (6.5)  Mucus  ABSENT	Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
Sugar					
Sugar  ABSENT  Bile Salts Bile Pigments Urobilinogen(1:20 dilution)  Microscopic Examination:  Epithelial cells  Cast Crystals  ABSENT  ABSENT  ABSENT  BASENT  BASENT  BIOCHEMISTRY  MICROSCOPIC EXAMINATION  Pus cells ABSENT  ABSENT  Crystals ABSENT  MICROSCOPIC EXAMINATION  Const Crystals ABSENT  STOOL, ROUTINE EXAMINATION*, Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic (6.5) Mucus ABSENT					
Sugar  ABSENT  BMS  CETON  ABSENT  BILE Salts  BILE Salts  BILE Pigments  Urobilinogen(1:20 dilution)  ABSENT  BILE Selts  ABSENT  Urobilinogen(1:20 dilution)  ABSENT  BILE Salts  BILE Pigments  Urobilinogen(1:20 dilution)  ABSENT  BILE Pigments  Urobilinogen(1:20 dilution)  ABSENT  BILE Pigments  Urobilinogen(1:20 dilution)  ABSENT  BILE Pigments  BIL					
Continue	Sugar	ADCENT	amc0/		DIDCTICK
Ketone ABSENT mg/dl 0.2-2.81 BIOCHEMISTRY Bile Salts ABSENT Urobilinogen(1:20 dilution) ABSENT Microscopic Examination:  Epithelial cells 0-1/h.p.f MICROSCOPIC EXAMINATION  Pus cells ABSENT  RBCs ABSENT  Crystals ABSENT  Crystals ABSENT  Others ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT  MICROSCOPIC EXAMINATION  ABSENT	Sugai	ADSEINT	g111570		DIPSTICK
Ketone ABSENT mg/dl 0.2-2.81 BIOCHEMISTRY Bile Salts ABSENT Bile Pigments ABSENT Urobilinogen(1:20 dilution) ABSENT Microscopic Examination:  Epithelial cells 0-1/h.p.f MICROSCOPIC EXAMINATION  Pus cells ABSENT  RBCs ABSENT Crystals ABSENT Crystals ABSENT  Crystals ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT					
Bile Salts ABSENT Bile Pigments ABSENT Urobilinogen(1:20 dilution) ABSENT  Microscopic Examination:  Epithelial cells 0-1/h.p.f MICROSCOPIC EXAMINATION  Pus cells ABSENT  RBCS ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT MICROSCOPIC EXAMINATION  Others ABSENT MICROSCOPIC EXAMINATION  Others ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT					
Bile Pigments Urobilinogen(1:20 dilution) ABSENT Microscopic Examination:  Epithelial cells O-1/h.p.f Microscopic Examination:  Epithelial cells ABSENT RBCS ABSENT RBCS ABSENT Crystals ABSENT Crystals ABSENT ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT MICROSCOPIC EXAMINATION  Others ABSENT MICROSCOPIC EXAMINATION  STOOL, ROUTINE EXAMINATION*, Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT	Ketone	ABSENT	mg/dl	0.2-2.81	<b>BIOCHEMISTRY</b>
Urobilinogen(1:20 dilution) Microscopic Examination:  Epithelial cells  O-1/h.p.f  Microscopic Examination:  Epithelial cells  O-1/h.p.f  Microscopic Examination  Pus cells  ABSENT  RBCs  ABSENT  ABSENT  Cast  Cast  Crystals  ABSENT  ABSENT  Microscopic Examination  EXAMINATION  Others  ABSENT  Microscopic Examination  Microscopic Examination  EXAMINATION  Others  ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color  BROWNISH  Consistency  SEMI SOLID  Reaction (PH)  Acidic ( 6.5 )  Mucus  ABSENT	Bile Salts	ABSENT			
Microscopic Examination:  Epithelial cells 0-1/h.p.f MICROSCOPIC EXAMINATION  Pus cells ABSENT  RBCs ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT  Crystals ABSENT MICROSCOPIC EXAMINATION  Others ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT	Bile Pigments	ABSENT			
Epithelial cells  O-1/h.p.f  MICROSCOPIC EXAMINATION  Pus cells  ABSENT  RBCs  ABSENT  Crystals  ABSENT  Crystals  ABSENT  ABSENT  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  STOOL, ROUTINE EXAMINATION*, Stool  Color  BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic (6.5) Mucus  ABSENT	Urobilinogen(1:20 dilution)	ABSENT			
Pus cells  RBCs  ABSENT  RBCs  ABSENT  Cast  Crystals  Others  ABSENT  ABSENT  ABSENT  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  STOOL, ROUTINE EXAMINATION*, Stool  Color  Consistency  Reaction (PH)  Acidic (6.5)  Mucus  ABSENT	Microscopic Examination:				
Pus cells  RBCs  ABSENT  ABSENT  Cast  Crystals  ABSENT  ABSENT  MICROSCOPIC  EXAMINATION  MICROSCOPIC  EXAMINATION  MICROSCOPIC  EXAMINATION  MICROSCOPIC  EXAMINATION  Others  ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color  BROWNISH  Consistency  SEMI SOLID  Reaction (PH)  Acidic ( 6.5 )  Mucus  ABSENT	Epithelial cells	0-1/h.p.f			MICROSCOPIC
RBCs ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT MICROSCOPIC EXAMINATION  Others ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT					EXAMINATION
Cast ABSENT MICROSCOPIC EXAMINATION Others ABSENT  STOOL, ROUTINE EXAMINATION *, Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT					
Cast ABSENT MICROSCOPIC EXAMINATION Others ABSENT  STOOL, ROUTINE EXAMINATION *, Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT	RBCs	ABSENT			
Crystals ABSENT MICROSCOPIC EXAMINATION Others ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT					EXAMINATION
Others ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT					1410D0000D10
Others ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT	Crystals	ABSENT			
STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT	Others	ΔRSFNT			LAAMINATION
Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT	omers	7,1552111			
Consistency SEMI SOLID  Reaction (PH) Acidic ( 6.5 )  Mucus ABSENT	STOOL, ROUTINE EXAMINATION $st$ , $\mathit{St}$	ool			
Reaction (PH) Acidic ( 6.5 ) Mucus ABSENT	Color	BROWNISH			
Mucus ABSENT	Consistency	SEMI SOLID			
	Reaction (PH)	Acidic ( 6.5 )			
Blood ABSENT	Mucus	ABSENT			
	Blood	ABSENT			
Worm ABSENT	Worm	ABSENT			
Pus cells ABSENT					
RBCs ABSENT	RBCs	ABSENT			





#### CHANDAN DIAGNOSTIC CENTRE



Add: Kamnath Market, Hospital Road, Lakhimpur

Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NASIR AHMAD-9598101022 Registered On : 24/Mar/2023 09:50:12 Age/Gender : 36 Y 2 M 21 D /M Collected : 24/Mar/2023 15:39:33 UHID/MR NO : CDCL.0000196564 Received : 24/Mar/2023 16:34:45 Visit ID : CDCL0464652223 Reported : 24/Mar/2023 18:05:19

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	
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%









Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NASIR AHMAD-9598101022 : 24/Mar/2023 09:50:13 Registered On Age/Gender : 36 Y 2 M 21 D /M Collected : 24/Mar/2023 10:12:34 UHID/MR NO : CDCL.0000196564 Received : 25/Mar/2023 10:44:38 Visit ID : CDCL0464652223 Reported : 25/Mar/2023 11:45:29 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)	118.65	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.70	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.63	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
. •		0.3-4.5 μIU/s	mL First Trimest	er
		0.5-4.6 μIU/	mL Second Trim	ester
		0.8-5.2 µIU/1	mL Third Trimes	ter
		0.5-8.9 µIU/1	mL Adults	55-87 Years
		0.7-27 µIU/	mL Premature	28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/1	mL Child(21 wk	- 20 Yrs.)
		1-39 μΙ	J/mL Child	0-4 Days
		1.7-9.1 μIU/		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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)









Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NASIR AHMAD-9598101022 Registered On : 24/Mar/2023 09:50:14

Collected Age/Gender : 36 Y 2 M 21 D /M : N/A UHID/MR NO : CDCL.0000196564 : N/A Received

Visit ID : CDCL0464652223 Reported : 24/Mar/2023 10:33:47

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

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

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

#### X-RAY DIGITAL CHEST PA \*

#### X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### **CHEST P-A VIEW**

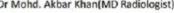
- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.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

#### **IMPRESSION:**

• NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation.













Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NASIR AHMAD-9598101022 Registered On : 24/Mar/2023 09:50:15

 Age/Gender
 : 36 Y 2 M 21 D /M
 Collected
 : N/A

 UHID/MR NO
 : CDCL.0000196564
 Received
 : N/A

Visit ID : CDCL0464652223 Reported : 24/Mar/2023 12:36:40

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

#### **DEPARTMENT OF ULTRASOUND**

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

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

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

#### LIVER

- The liver is mildly enlarged in size and its echogenicity is diffusely increased with intrahepatic vessels and diaphragm in sub suboptimally visualized. No focal lesion is seen. Its measuring approximately 16.5 cm. in craniocaudal length.
- The intra hepatic portal channels are normal. The portal vein and inferior vena cava appears normal.

#### **GALL BLADDER**

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.
- Common bile duct is normal in size, shape and echotexture.

#### **PANCREAS**

 The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

#### **RIGHT KIDNEY**

• Right kidney is normal in size, shape and cortical echotexture. Corticomedulary demarcation maintained. Pelvi-calyceal system, vesico uretric juction & ureter is not dilated. *Kidney measuring approx* 11.3 x 4.8 cm.

#### **LEFT KIDNEY**

• Left kidney is normal in size, shape and cortical echotexture. Corticomedullary demarcation maintaned. Pelvi-calyceal system, vesico uretric juction & ureter is not dilated. *Kidney measuring approx 11.7 x 5.9 cm.* 

#### **SPLEEN**

• The spleen is mildly enlarged in size and has a normal homogenous echo-texture. Its measuring approx 12.5 cm in long axis.

#### **URINARY BLADDER**

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.
- Prevoid urine volume measuring approximately 509 cc.
- Significant amount of Post void residual urine volume measuring approx 119 cc.

#### **PROSTATE**

• The prostate gland is mildly enlarged in size and normal texture with smooth outline. Its measuring approximately 4.1 x 3.0 x 3.7 cm in size & volume 24 gram.









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Patient Name : Mr.NASIR AHMAD-9598101022 Registered On : 24/Mar/2023 09:50:15

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Visit ID : CDCL0464652223 Reported : 24/Mar/2023 12:36:40

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

#### **DEPARTMENT OF ULTRASOUND**

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

#### **FINAL IMPRESSION**

- GRADE I PROSTATIC ENLARGEMENT WITH SIGNIFICANT AMOUNT OF POST VOID RESIDUAL URINE.
- MILD HEPATOMEGALY WITH GRADE II FATTY INFILTRATION OF LIVER.
- BORDERLINE SPLENOMEGALY.

Adv: clinico-pathological correlation and further evaluation.

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

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

Result/s to Follow: ECG/EKG





Dr Mohd, Akbar Khan(MD Radiologist)

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



