Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.VINAY KUMAR JAISWAL - 89548 Registered On : 12/Nov/2022 11:11:02 Age/Gender : 38 Y 1 M 18 D /M Collected : 12/Nov/2022 11:43:12 UHID/MR NO : ALDP.0000108204 Received : 12/Nov/2022 12:23:08 Visit ID : ALDP0242902223 Reported : 12/Nov/2022 14:19:11 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

## **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * ,	Blood			
Blood Group Rh ( Anti-D)	B POSITIVE			
Complete Blood Count (CBC) * , Wr				
Haemoglobin	14.20	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/d 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/d	
TLC (WBC)	6,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC	272222			
Polymorphs (Neutrophils )	58.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	2.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.		
PCV (HCT)	42.00	%	40-54	
Platelet count				
Platelet Count	1.72	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)  RBC Count	13.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	5.02	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

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## **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	83.80	fl	80-100	CALCULATED PARAMETER
MCH	28.20	pg	28-35	CALCULATED PARAMETER
MCHC	33.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	39.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,828.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	132.00	/cu mm	40-440	



Dr. Akanksha Singh (MD Pathology)

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Patient Name : Mr.VINAY KUMAR JAISWAL - 89548 Registered On : 12/Nov/2022 11:11:03 Age/Gender : 38 Y 1 M 18 D /M Collected : 12/Nov/2022 14:28:31 UHID/MR NO : ALDP.0000108204 Received : 12/Nov/2022 14:36:24 Visit ID : ALDP0242902223 Reported : 12/Nov/2022 15:03:32 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	90.10	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 *	100.30	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.



Dr. Akanksha Singh (MD Pathology)

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Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.VINAY KUMAR JAISWAL - 89548 : 12/Nov/2022 11:11:03 Registered On Age/Gender : 38 Y 1 M 18 D /M Collected : 12/Nov/2022 11:43:12 UHID/MR NO : ALDP.0000108204 Received : 13/Nov/2022 12:14:00 Visit ID : ALDP0242902223 Reported : 13/Nov/2022 14:27:03 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)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	108	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:**

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

<sup>\*</sup>Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

<sup>\*</sup>With optimal control, the HbA 1c moves toward normal levels.

<sup>\*</sup>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

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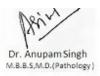
## **DEPARTMENT OF BIOCHEMISTRY**

## 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 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.





Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.VINAY KUMAR JAISWAL - 89548 Registered On : 12/Nov/2022 11:11:04 Age/Gender : 38 Y 1 M 18 D /M Collected : 12/Nov/2022 11:43:12 UHID/MR NO : ALDP.0000108204 Received : 12/Nov/2022 12:23:08 Visit ID : ALDP0242902223 Reported : 12/Nov/2022 14:22:42 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

## **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	7.40	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.00	mg/dl	0.7-1.3	MODIFIED JAFFES
Uric Acid * Sample:Serum	4.63	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect)  LIPID PROFILE ( MINI ) * , Serum Cholesterol (Total)	21.70 34.90 16.40 6.60 4.50 2.10 <b>2.14</b> 80.00 0.40 0.20 0.20	U/L U/L IU/L gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	44.30 112 20.38 101.90	mg/dl mg/dl mg/dl mg/dl	200-239 Borderline l > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Opti 130-159 Borderline l 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline 200-499 High > 500 Very High	DIRECT ENZYMATIC CALCULATED mal

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Patient Name : Mr.VINAY KUMAR JAISWAL - 89548 Registered On : 12/Nov/2022 11:11:03 Age/Gender : 38 Y 1 M 18 D /M Collected : 12/Nov/2022 14:28:31 UHID/MR NO : ALDP.0000108204 Received : 12/Nov/2022 14:42:36 Visit ID : ALDP0242902223 Reported : 12/Nov/2022 15:16:51 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

## **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE * , U	rine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	<b>BIOCHEMISTRY</b>
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-3/h.p.f			
RBCs	ABSENT			MICROSCOPIC
0. 1	ADCENIT			EXAMINATION
Cast	ABSENT			MICDOCCODIC
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			LAAMINATION
Urine Microscopy is done on centrifuged u	urine sediment.			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

## **Interpretation:**

- (+)< 0.5 (++)0.5 - 1.0
- (+++) 1-2

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## **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name Result Unit Bio. Ref. Interval Method

(++++) > 2

**SUGAR, PP STAGE \***, Urine

Sugar, PP Stage ABSENT

**Interpretation:** 

 $(+) \qquad <0.5~gms\%$ 

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%



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#### DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit I	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	114.24	ng/dl 8	34.61–201.7	CLIA
T4, Total (Thyroxine)	8.50	· ·	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.60	μIŪ/mL (	).27 - 5.5	CLIA
Interpretation:				
•		0.3-4.5 μIU/mL	First Trimest	er
		0.5-4.6 μIU/mL	Second Trime	ester
		0.8-5.2 $\mu$ IU/mL	Third Trimes	ter
		0.5-8.9 $\mu$ IU/mL		55-87 Years
		0.7-27 µIU/mL		28-36 Week
		2.3-13.2 μIU/mL		
		0.7-64 μIU/mL	,	
		1-39 μIU/m 1.7-9.1 μIU/mL		0-4 Days 2-20 Week
		1./-9.1 μIO/IIIL	Cilia	Z-ZU 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.





Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257

CIN: U85110DL2003PLC308206

Patient Name : Mr.VINAY KUMAR JAISWAL - 89548 Registered On : 12/Nov/2022 11:11:04

 Age/Gender
 : 38 Y 1 M 18 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000108204
 Received
 : N/A

Visit ID : ALDP0242902223 Reported : 12/Nov/2022 16:32:51

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 \*

# 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.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.



Dr Nidhikant (MBBS, DMRD, DNB)

Widhirant.

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Patient Name : Mr.VINAY KUMAR JAISWAL - 89548 Registered On : 12/Nov/2022 11:11:04

 Age/Gender
 : 38 Y 1 M 18 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000108204
 Received
 : N/A

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### **DEPARTMENT OF ULTRASOUND**

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

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

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

**LEFT KIDNEY**: - Normal in size, 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 \*\*\*

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

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG/EKG



Widhirant.

Dr Nidhikant (MBBS, DMRD, DNB)

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