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

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206

: 17/Dec/2023 11:50:36 Patient Name : Mr.NISHANT - 116144 Registered On Age/Gender Collected : 17/Dec/2023 12:03:44 : 33 Y 10 M 1 D /M UHID/MR NO : ALDP.0000107575 Received : 17/Dec/2023 12:39:19 Visit ID : ALDP0310752324 Reported : 17/Dec/2023 14:32:27

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

CARE LTD -

DEPARTM ENT OF HABMATOLOGY

M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) *, Bl	ood			
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	NEGATIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	e Blood			
TLC (WBC) DLC Polymorphs (Neutrophils)	8,000.00 63.00	g/dl /Cu mm %	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 4000-10000	
Lymphocytes	28.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	2.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	<9	
PCV (HCT) Platelet count	51.00	%	40-54	
Platelet Count	1.35	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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Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

DEPARTMENT OF HABMATOLOGY

M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.84	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	87.90	fl	80-100	CALCULATED PARAMETER
MCH	29.40	pg	28-35	CALCULATED PARAMETER
MCHC	33.40	%	30-38	CALCULATED PARAMETER
RDW-CV	14.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,040.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	320.00	/cu mm	40-440	

Dr.Akanksha Singh (MD Pathology)

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

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206

Patient Name : Mr.NISHANT - 116144 Registered On : 17/Dec/2023 11:50:38 Age/Gender Collected : 17/Dec/2023 12:03:44 : 33 Y 10 M 1 D /M UHID/MR NO : ALDP.0000107575 Received : 17/Dec/2023 12:39:19 Visit ID Reported : 17/Dec/2023 13:54:32 : ALDP0310752324

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

CARE LTD -

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

GLUCOSE FASTING * , Plasma

238.30 **Glucose Fasting** 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* 358.00 **GOD POD** mg/dl <140 Normal

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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	10.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	88.10	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	246	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.

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Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH 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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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 VARIANT II TURBO HPLC Analyser.

Clinical Implications:

^{*}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	10.60	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.20	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid *	5.26	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) *, Serum

^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

^{*}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:

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

DEPARTMENT OF BIOCHEMISTRY

M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	L	Init Bio. Ref. Interva	al Method
5607 (24.40		. 25	JECC WITHOUT DED
SGOT / Aspartate Aminotransferase (AST)	34.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	64.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	146.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.70	gm/dl	6.2-8.0	BIURET
Albumin	4.40	gm/dl	3.4-5.4	B.C.G.
Globulin	3.30	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.33		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	186.90	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.90	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
Result Rechecked				
LIPID PROFILE (MINI) *, Serum				
Cholesterol (Total)	225.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	76.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	62	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	87.04	mg/dl	10-33	CALCULATED
Triglycerides	435.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr.Akanksha Singh (MD Pathology)

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

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206

Registered On Patient Name : 17/Dec/2023 11:50:37 : Mr.NISHANT - 116144 Age/Gender Collected : 33 Y 10 M 1 D /M : 17/Dec/2023 15:04:26 UHID/MR NO : ALDP.0000107575 Received : 17/Dec/2023 16:37:18 Visit ID : ALDP0310752324 Reported : 17/Dec/2023 18:31:25

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

CARE LTD -

DEPARTMENT OF CLINICAL PATHOLOGY

M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE*,	Urine			
Color	PALE YELLOW			
Specific Gravity	1.025			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	TRACE	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	PRESENT (+)	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifuged	d urine sediment.			
SUGAR, FASTING STAGE*, Urine				
Sugar, Fasting stage	PRESENT	gms%		

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

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

CARE LTD -

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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 PRESENT (+)

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. Akanksha Singh (MD Pathology)

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

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206

Patient Name : Mr.NISHANT - 116144 Registered On : 17/Dec/2023 11:50:37 Age/Gender Collected : 17/Dec/2023 12:03:44 : 33 Y 10 M 1 D /M UHID/MR NO : ALDP.0000107575 Received : 17/Dec/2023 12:39:19 Visit ID : ALDP0310752324 Reported : 17/Dec/2023 15:00:25

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

CARE LTD -

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)	145.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.000	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
•		0.3-4.5 μIU/mI	First Trimest	er
		0.5-4.6 μIU/mI	L Second Trime	ester
		0.8-5.2 $\mu IU/mI$	Third Trimes	ter
		0.5-8.9 μIU/mI	Adults	55-87 Years
		0.7-27 μIU/mI	Premature	28-36 Week
		2.3-13.2 μIU/mI	Cord Blood	> 37Week
		0.7-64 μIU/mI	Child(21 wk	- 20 Yrs.)
		1-39 μIU/n	nL Child	0-4 Days
		1.7-9.1 μIU/mI	L 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. Akanksha Singh (MD Pathology)

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Patient Name : Mr.NISHANT - 116144 Registered On : 17/Dec/2023 11:50:39

 Age/Gender
 : 33 Y 10 M 1 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000107575
 Received
 : N/A

Visit ID : ALDP0310752324 Reported : 17/Dec/2023 13:22:20

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH 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 K N SINGH (MBBS,DMRE)

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

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206

: 17/Dec/2023 11:50:39 Patient Name : Mr.NISHANT - 116144 Registered On

Age/Gender : 33 Y 10 M 1 D /M Collected : N/A UHID/MR NO : ALDP.0000107575 Received : N/A

Visit ID : 17/Dec/2023 12:47:19 : ALDP0310752324 Reported

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

LIVER: - Normal in size (14.3 cm), shape and shows diffuse increase in the liver parenchymal echogenicity suggestive of grade I/II fatty changes. 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 (8.6 cm), shape and echogenicity. A calculus measuring ~ 17.9 mm is **seen in lower pole.** Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (9.1 cm), shape and echogenicity. **An exophytic cyst measuring ~ 2.9 cm** is seen in upper pole. Pelvicalyceal system is not dilated.

URINARY BLADDER: Normal in shape, outline and distension. No e/o wall thickening / calculus.

PROSTATE: Normal in size (2.8 x 2.6 x 2.0 cm vol - 7.8 cc), 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:

- Grade I/II fatty liver.
- Right renal calculus.
- Left renal exophytic cyst.

Please correlate clinically

End Of Report EXAMINATION, ECG / EKG

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 365 Days Open

Chandan Diagnostic

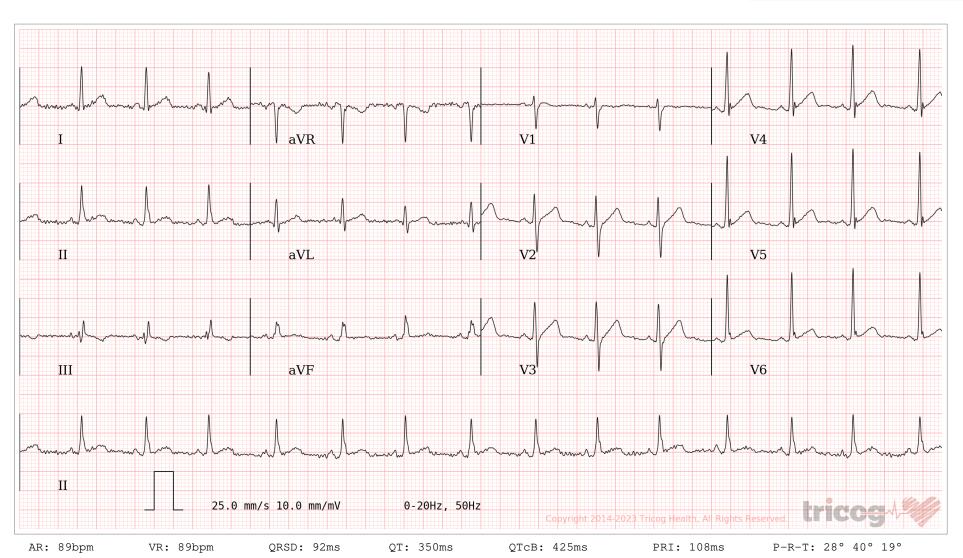


Age / Gender: 33/Male

Date and Time: 17th Dec 23 1:05 PM

Patient ID: ALDP0310752324

Patient Name: Mr.NISHANT - 116144



Abnormal: Sinus Rhythm, Short PR Interval, Early repolarization with an ascending ST segment. Please correlate clinically.

Dr. Charit MD, DM: Cardiology

AUTHORIZED BY

Dr. Mohammed Zakriya

REPORTED BY

63382

KMC 110543

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.