



CHANDAN DIAGNOSTIC CENTRE

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

Ph: 9235447965, 0532-3559261

CIN: U85110UP2003PLC193493

| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs. SHILPI NISHAD | Registered On | : 15/Nov/2024 10:16:12 |
| Age/Gender | : 30 Y 9 M 10 D / F | Collected | : 2024-11-15 11:22:26 |
| UHID/MR NO | : ALDP.0000154600 | Received | : 2024-11-15 11:22:26 |
| Visit ID | : ALDP0313672425 | Reported | : 15/Nov/2024 18:57:25 |
| Ref Doctor | : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD - | Status | : Final Report |

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ECG/ EKG

| | |
|---------------------|---|
| 1. Machnism, Rhythm | Sinus, Regular |
| 2. Atrial Rate | 75 /mt |
| 3. Ventricular Rate | 75 /mt |
| 4. P - Wave | Normal |
| 5. P R Interval | Normal |
| 6. Q R S | Axis : Normal R/S Ratio : Normal Configuration : Normal |
| 7. Q T c Interval | Normal |
| 8. S - T Segment | Normal |
| 9. T - Wave | Normal |

FINAL IMPRESSION

Abnormal: Low Voltage Complexes, Sinus Rhythm. Please correlate clinically.


Dr. R. K. VERMA
MBBS, PGDGM





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| Patient Name | : Mrs.SHILPI NISHAD | Registered On | : 15/Nov/2024 10:16:11 |
| Age/Gender | : 30 Y 9 M 10 D / F | Collected | : 15/Nov/2024 10:21:31 |
| UHID/MR NO | : ALDP.0000154600 | Received | : 15/Nov/2024 10:38:07 |
| Visit ID | : ALDP0313672425 | Reported | : 15/Nov/2024 12:36:52 |
| Ref Doctor | : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD - | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) , Blood

| | | | | |
|--------------|---------|--|--|--|
| Blood Group | O | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA |
| Rh (Anti-D) | POSTIVE | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA |

Complete Blood Count (CBC) , Whole Blood

| | | | | |
|--------------------------|-----------------|--------|--|---|
| Haemoglobin | 11.80 | 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 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 | COLORIMETRIC METHOD (CYANIDE-FREE REAGENT) |
| TLC (WBC) | 2,200.00 | /Cu mm | 4000-10000 | IMPEDANCE METHOD |
| DLC | | | | |
| Polymorphs (Neutrophils) | 65.00 | % | 40-80 | FLOW CYTOMETRY |
| Lymphocytes | 25.00 | % | 20-40 | FLOW CYTOMETRY |
| Monocytes | 8.00 | % | 2-10 | FLOW CYTOMETRY |
| Eosinophils | 2.00 | % | 1-6 | FLOW CYTOMETRY |
| Basophils | 0.00 | % | <1-2 | FLOW CYTOMETRY |
| ESR | | | | |
| Observed | 22.00 | MM/1H | 10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 | |





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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------------------------|-----------------|----------------|--------------------------------------|----------------------------------|
| | | | Pregnancy | |
| | | | Early gestation - 48 (62 if anaemic) | |
| | | | Later gestation - 70 (95 if anaemic) | |
| Corrected | - | Mm for 1st hr. | <20 | |
| PCV (HCT) | 38.00 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.50 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.10 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | - | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.17 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 12.40 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 4.57 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 83.30 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 25.70 | pg | 27-32 | CALCULATED PARAMETER |
| MCHC | 30.90 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 13.70 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 43.50 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 1,430.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 44.00 | /cu mm | 40-440 | |

Dr. Akanksha Singh (MD Pathology)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

GLUCOSE FASTING, Plasma

| | | | | |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 87.60 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|-------|-------|--|---------|

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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

| | | | | |
|---|--------|-------|--|---------|
| Glucose PP Sample:Plasma After Meal | 132.20 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 Diabetes | GOD POD |
|---|--------|-------|--|---------|

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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

| | | | |
|----------------------------------|-------|-----------------|------------|
| Glycosylated Haemoglobin (HbA1c) | 5.60 | %NGSP | HPLC(NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 37.70 | mmol/ mol/ IFCC | |
| Estimated Average Glucose (eAG) | 114 | mg/dl | |

Interpretation:

NOTE:-

- eAG is directly related to A1c.





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- 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 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:

*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)

9.43

mg/dL

7.0-23.0

CALCULATED

Sample:Serum





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Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

| | | | | |
|---|------|-------|---|-----------------|
| Creatinine <i>Sample: Serum</i> | 0.80 | mg/dl | Female 0.6-1.1 Newborn 0.3-1.0 Infent 0.2-0.4 Child 0.3-0.7 Adolescent 0.5- 1.0 | MODIFIED JAFFES |
|---|------|-------|---|-----------------|

Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

| | | | | |
|--|------|-------|---------|---------|
| Uric Acid <i>Sample: Serum</i> | 3.84 | mg/dl | 2.6-6.0 | URICASE |
|--|------|-------|---------|---------|

Interpretation:

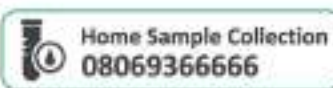
Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

| | | | | |
|---|-------|-------|---------|------------------|
| SGOT / Aspartate Aminotransferase (AST) | 46.00 | U/L | <31 | IPOC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 51.80 | U/L | <34 | IPOC WITHOUT P5P |
| Gamma GT (GGT) | 39.00 | U/L | 0-38 | IPOC, KINETIC |
| Protein | 6.27 | gm/dl | 6.2-8.0 | BIURET |





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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------------------------|---------------|-------|--|------------------|
| Albumin | 4.30 | gm/dl | 3.4-5.4 | B.C.G. |
| Globulin | 1.97 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 2.18 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 136.00 | U/L | 42-98 | IFOCAMP KINETIC |
| Bilirubin (Total) | 0.35 | mg/dl | Adult 0-2.0 | DIAZO |
| Bilirubin (Direct) | 0.12 | mg/dl | <0.20 | DIAZO |
| Bilirubin (Indirect) | 0.23 | mg/dl | <1.8 | CALCULATED |
| LIPID PROFILE (MINI) , Serum | | | | |
| Cholesterol (Total) | 178.00 | mg/dl | <200 Desirable 200-239 Borderline High >240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 45.80 | mg/dl | 42-88 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 113 | mg/dl | <100 Optimal 100-129 Nr. Optimal/ Above Optimal 130-159 Borderline High 160-189 High >190 Very High | CALCULATED |
| VLDL | 19.42 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 97.10 | mg/dl | <150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |

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| Age/Gender | : 30 Y 9 M 10 D / F | Collected | : 15/Nov/2024 14:06:47 |
| UHID/MR NO | : ALDP.0000154600 | Received | : 15/Nov/2024 14:11:15 |
| Visit ID | : ALDP0313672425 | Reported | : 15/Nov/2024 14:24:30 |
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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|-----------|--------|------|--------------------|--------|

URINE EXAMINATION, ROUTINE, *Urine*

| | | | | |
|---------------------------------|---------------|-------|--|-------------------------|
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.005 | | | |
| Reaction PH | Acidic (6.0) | | | DIPSTICK |
| Appearance | CLEAR | | | |
| 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 | Serum-0.1-3.0 Urine-0.0-14.0 | 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 | 3-5/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | 1-3/h.p.f | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

Urine Microscopy is done on centrifuged urine sediment.





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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%

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DEPARTMENT OF IMMUNOLOGY

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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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THYROID PROFILE - TOTAL, Serum

| | | | | |
|-----------------------------------|--------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 123.00 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 10.10 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 2.520 | 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.

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| Patient Name | : Mrs. SHILPI NISHAD | Registered On | : 15/Nov/2024 10:16:13 |
| Age/Gender | : 30 Y 9 M 10 D / F | Collected | : 2024-11-15 10:38:06 |
| UHID/MR NO | : ALDP.0000154600 | Received | : 2024-11-15 10:38:06 |
| Visit ID | : ALDP0313672425 | Reported | : 15/Nov/2024 13:54:04 |
| Ref Doctor | : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD - | Status | : Final Report |

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE 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.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlate clinically.

DR K N SINGH (MBBS, DMRE)





CHANDAN DIAGNOSTIC CENTRE

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

Ph: 9235447965,0532-3559261

CIN: U85110UP2003PLC193493

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| Age/Gender | : 30 Y 9 M 10 D / F | Collected | : 2024-11-15 12:00:25 |
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

LIVER: - Normal in size (12.8 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation is seen.

GALL BLADDER :- Well distended. Normal wall thickness is seen. No evidence of calculus/focal mass lesion/pericholecystic fluid is seen.

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 evidence of ductal dilatation or calcification is seen. Rest of the pancreas is obscured by bowel gases.

SPLEEN: - Normal in size (10.5 cm), shape and echogenicity. No evidence of mass lesion is seen.

RIGHT KIDNEY: - Normal in size 8.9 cm, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size 9.1 cm, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Is not well distended. Patient unable to hold urine further.

UTERUS :- Is normal in size (6.4 x 3.8 x 4.7 cm vol - 60.3 cc). No focal myometrial lesion is seen. Endometrium is normal in thickness 10.2 cc.

OVARIES :- Bilateral ovaries are normal in size, shape and echogenicity.

ADNEXA :- No obvious adnexal pathology is seen.

HIGH RESOLUTION :- No evidence of bowel loop dilatation or abnormal wall thickening is seen. No significant retroperitoneal lymphadenopathy is seen. 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, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS



K N Singh

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: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups *

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