

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.SAMESH KUMAR - 103189	Registered On	: 10/Dec/2023 07:54:41
Age/Gender	: 45 Y 7 M 7 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000110066	Received	: N/A
Visit ID	: ALDP0302972324	Reported	: 10/Dec/2023 10:36:30
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-ECG MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ECG / EKG *

1. Machnism, Rhythm	Sinus, Regular	
2. Atrial Rate	67	/mt
3. Ventricular Rate	67	/mt
4. P - Wave	Normal	
5. P R Interval	Normal	
6. Q R S Axis : R/S Ratio : Configuration :	Normal Normal Normal	
7. Q T c Interval	Normal	
8. S - T Segment	Normal	
9. T – Wave <u>FINAL IMPRESSION</u>	Normal	

Abnormal: Sinus Rhythm, Non-specific ST segment elevation. Please correlate clinically.







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Patient Name	: Mr.SAMESH KUMAR - 103189	Registered On	: 10/Dec/2023 07:54:38
Age/Gender	: 45 Y 7 M 7 D /M	Collected	: 10/Dec/2023 08:08:44
UHID/MR NO	: ALDP.0000110066	Received	: 10/Dec/2023 09:41:48
Visit ID	: ALDP0302972324	Reported	: 10/Dec/2023 14:09:01
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

	MEDIWHEEL BANK OF BARO	DA MALE	ABOVE 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typ	ing) * , Blood			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
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			Sarah and	

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Dr.Akanksha Singh (MD Pathology)







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DEPARTMENT OF HAEMATOLOGY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

MEDIV	VHEEL BANK OF I	BARODA MALE	ABOVE 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
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 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	
TLC (WBC) DLC	4,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	20.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	7.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	< 9	
PCV (HCT) Platelet count	45.00	%	40-54	
Platelet Count	0.61	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPI
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	r-	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.08	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBC Count	14.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	5.53	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	82.40	fl	80-100	CALCULATED PARAMETER
MCH	26.80	pg	28-35	CALCULATED PARAMETER
MCHC	32.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.90	%	11-16	ELECTRONIC IMPEDANCE





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RDW-SD	43.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,060.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	315.00	/cu mm	40-440	

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Dr.Akanksha Singh (MD Pathology)

Page 4 of 14







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	U	Init	Bio. Ref. Interva	al	Method
GLUCOSE FASTING * , Plasma						
Glucose Fasting	107.50	mg/dl	100-12	Normal 25 Pre-diabetes Diabetes	GOD POI	D
Interpretation: a) Kindly correlate clinically with intake of hypogl b) A negative test result only shows that the perso will never get diabetics in future, which is why an	n does not have dia	betes at the	time of t	U		t the person

c) I.G.T = Impared Glucose Tolerance.

Glucose PP * Sample:Plasma After Meal	115.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
			> 200 Didbettes	

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)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.10	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	99	mg/dl	

Interpretation:

<u>NOTE</u>:-

- 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.



Home Sample Collection 1800-419-0002



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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 1 diabetics. 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.

<u>Clinical Implications:</u>

*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) * Sample:Serum	10.83	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.30	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	5.85	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) * , Serum



Page 6 of 14



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DEPARTMENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	U	nit Bio. Ref. Inter	val Method
SGOT / Aspartate Aminotransferase (AST)	30.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	56.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	41.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.20	gm/dl	6.2-8.0	BIURET
Albumin	4.60	gm/dl	3.4-5.4	B.C.G.
Globulin	2.60	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.77	g, a.	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	100.80	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)	202.00	mg/dl	<200 Desirable 200-239 Borderline Hi > 240 High	CHOD-PAP gh
HDL Cholesterol (Good Cholesterol)	57.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	96	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optim 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL	48.82	mg/dl	10-33	CALCULATED
Triglycerides	244.10	mg/dl	< 150 Normal 150-199 Borderline Hi 200-499 High >500 Very High	GPO-PAP gh

Dr.Akanksha Singh (MD Pathology)



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Age/Gender	: 45 Y 7 M 7 D /M	Collected	: 10/Dec/2023 12:00:21
UHID/MR NO	: ALDP.0000110066	Received	: 10/Dec/2023 12:33:29
Visit ID	: ALDP0302972324	Reported	: 10/Dec/2023 13:20:53
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE *	, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	[′] mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
	1 DOGUT		> 500 (++++)	DIDOTION
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			>2 (+++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	ing/ ai	0.1 0.0	Dioonemiona
Bile Pigments	ABSENT			
Bilirubin	ABSENT		and a service of	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			Bironon
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:	ABOEITI			Birottok
Epithelial cells	1-2/h.p.f			MICROSCOPIC
	1 2/11.0.1			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 centrifug	1 1 11			

SUGAR, FASTING STAGE * , Urine

ADDENT gittage	Sugar, Fasting stage	ABSENT	gms%
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Interpretation:				
(+) < 0.5				
(++) 0.5-1.0				
(+++) 1-2				
(++++) > 2		,		
SUGAR, PP STAGE * , Urine				
	ADOENT			
Sugar, PP Stage	ABSENT			
Interpretation:				
(+) < 0.5 gms% (++) 0.5-1.0 gms%				
(++) 0.5-1.0 gms% (+++) 1-2 gms%				
(++++) > 2 gms%				
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	

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Dr.Akanksha Singh (MD Pathology)

Page 9 of 14





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen) , Total ** Sample:Serum	0.36	ng/mL	0-2.5	CLIA

Interpretation:

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone⁻
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Dr. Anupam Singh (MBBS MD Pathology)

Page 10 of 14







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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	132.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.00	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	10.100	µIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/	mL First Trimester	
		0.5-4.6 µIU/	mL Second Trimest	er
		0.8-5.2 µIU/	mL Third Trimester	

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

0.5-8.9

0.7-27

0.7 - 64

1-39

1.7-9.1

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

2.3-13.2 µIU/mL

Adults

Child

Child

Premature

Cord Blood

Child(21 wk - 20 Yrs.)

55-87 Years

0-4 Days

2-20 Week

28-36 Week

> 37Week

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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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE 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 correlare clinically.

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DR K N SINGH (MBBS, DMRE)

Page 12 of 14







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size (15.1 cm), shape and **shows diffuse increase in the liver parenchymal echogenicity suggestive of grade I 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: - Borderline in size (12.0 cm), shape and echogenicity.

RIGHT KIDNEY: - Normal in size (9.4 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (10.6 cm), 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 (3.1 x 2.9 x 2.8 cm vol - 13.9 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.

<u>IMPRESSION</u>: Grade I fatty liver. Please correlate clinically

Contal

DR K N SINGH (MBBS, DMRE)

Page 13 of 14







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Patient Name	: Mr.SAMESH KUMAR - 103189	Registered On	: 10/Dec/2023 07:54:41
Age/Gender	: 45 Y 7 M 7 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000110066	Received	: N/A
Visit ID	: ALDP0302972324	Reported	: 11/Dec/2023 12:33:38
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Tread Mill Test (TMT) *

NORMAL

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: STOOL, ROUTINE EXAMINATION



Dr. R K VERMA MBBS, PGDGM

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

Page 14 of 14



