



# CHANDAN DIAGNOSTIC CENTRE

Add: OPP. VISHAL MEGAMART, NAINITAL ROAD, HALDWANI

Ph: 9235400975

CIN: U85110UP2003PLC193493

Patient Name	: Mr. MANOHAR SINGH JANGPANGI	Registered On	: 26/Oct/2024 09:08:41
Age/Gender	: 59 Y 0 M 0 D /M	Collected	: 26/Oct/2024 09:18:20
UHID/MR NO	: CHLD.0000117369	Received	: 26/Oct/2024 09:37:40
Visit ID	: CHLD0142092425	Reported	: 26/Oct/2024 13:28:44
Ref Doctor	: Dr. MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) , Blood

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

#### 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	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	5,900.00	/Cu mm	4000-10000	IMPEDANCE METHOD
<b>DLC</b>				
Polymorphs (Neutrophils )	68.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	27.00	%	20-40	FLOW CYTOMETRY
Monocytes	1.00	%	2-10	FLOW CYTOMETRY
Eosinophils	4.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	< 1-2	FLOW CYTOMETRY
<b>ESR</b>				
Observed	24.00	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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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Leter gestation - 70 (95 if anaemic)	
Corrected	22.00	Mm for 1st hr.	<9	
PCV (HCT)	46.00	%	40-54	
<b>Platelet count</b>				
Platelet Count	1.68	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	41.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.71	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	95.50	fl	80-100	CALCULATED PARAMETER
MCH	31.50	pg	27-32	CALCULATED PARAMETER
MCHC	33.00	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,012.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	236.00	/cu mm	40-440	

  
**Dr Vinod Ojha**  
 MD Pathologist





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	92.40	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### 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 <i>Sample: Plasma After Meal</i>	103.90	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### 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)	6.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	47.10	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	139	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)**

9.65

mg/dL

7.0-23.0

CALCULATED

Sample:Serum





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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.

<b>Creatinine</b>	0.79	mg/dl	0.7-1.30	MODIFIED JAFFES
<i>Sample:Serum</i>				

#### 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.

<b>Uric Acid</b>	6.30	mg/dl	3.4-7.0	URICASE
<i>Sample:Serum</i>				

#### 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)	15.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	20.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	21.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.65	gm/dl	6.2-8.0	BIURET
Albumin	4.60	gm/dl	3.4-5.4	B.C.G.
Globulin	3.05	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.51		1.1-2.0	CALCULATED





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Test Name	Result	Unit	Bio. Ref. Interval	Method
Alkaline Phosphatase (Total)	95.23	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.91	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.25	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.66	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	224.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	62.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	135	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	26.64	mg/dl	10-33	CALCULATED
Triglycerides	133.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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MD Pathologist





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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE , Urine

Color	YELLOW			
Specific Gravity	1.015			
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
<b>Microscopic Examination:</b>				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### STOOL, ROUTINE EXAMINATION , Stool

Color	BROWNISH
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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Consistency	SEMI SOLID			
Reaction (PH)	Acidic ( 5.0 )			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	1-2/h.p.f			
RBCs	ABSENT			
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%

Dr. Pankaj Punetha DNB(Pathology)







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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 <i>Sample: Serum</i>	0.60	ng/mL	<4.1	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.

#### THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	118.70	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	<b>5.700</b>	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





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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 Vinod Ojha**  
MD Pathologist





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Patient Name	: Mr. MANOHAR SINGH JANGPANGI	Registered On	: 26/Oct/2024 09:08:42
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Visit ID	: CHLD0142092425	Reported	: 26/Oct/2024 17:06:32
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## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA

#### (500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### DIGITAL CHEST P-A VIEW:-

- Rotated film.
- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

#### IMPRESSION:-

**No significant abnormality is seen.**

#### Adv:-Clinico-pathological correlation.

Dr Sushil Pandey(MD Radiodignosis)





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

#### ULTRASOUND WHOLE ABDOMEN

**LIVER:** Is normal in size (~14.3cms) and its echogenicity is homogeneously increased. No SOL seen. No dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent.

**GALL BLADDER:** Lumen anechoic, wall is normal in thickness (~3 mm). No pericholecystic fluid seen.

**CBD:** Normal in caliber and smoothly tapering towards its lower end.

**PANCREAS:** Normal in size and echotexture.

**SPLEEN:** Normal in size and echotexture.

#### **KIDNEYS:-**

**Right kidney** is normal in size, shape and echotexture with maintained CM differentiation. No dilatation of PC system is seen. No calculus seen.

**Left kidney** is normal in size, shape and echotexture with maintained CM differentiation. No dilatation of PC system is seen. No calculus seen.

**URINARY BLADDER:** Is partially distended and grossly appears normal.

**PROSTATE:** Is normal in size (~18.4cc in volume) and normal in echotexture. No focal lesion seen.

No evidence of any free fluid/retroperitoneal lymphadenopathy.

#### **IMPRESSION:- Fatty liver grade I.**

**(Adv:- LFT correlation and further evaluation).**





# CHANDAN DIAGNOSTIC CENTRE

Add: OPP. VISHAL MEGAMART, NAINITAL ROAD, HALDWANI

Ph: 9235400975

CIN: U85110UP2003PLC193493

Patient Name	: Mr. MANOHAR SINGH JANGPANGI	Registered On	: 26/Oct/2024 09:08:42
Age/Gender	: 59 Y 0 M 0 D /M	Collected	: 2024-10-26 11:18:41
UHID/MR NO	: CHLD.0000117369	Received	: 2024-10-26 11:18:41
Visit ID	: CHLD0142092425	Reported	: 26/Oct/2024 11:23:53
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

Result/s to Follow:

ECG / EKG, Tread Mill Test (TMT)



Dr Sushil Pandey(MD Radiodignosis)

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 \*

365 Days Open

\*Facilities Available at Select Location

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Home Sample Collection  
08069366666

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# Chandan Diagnostic

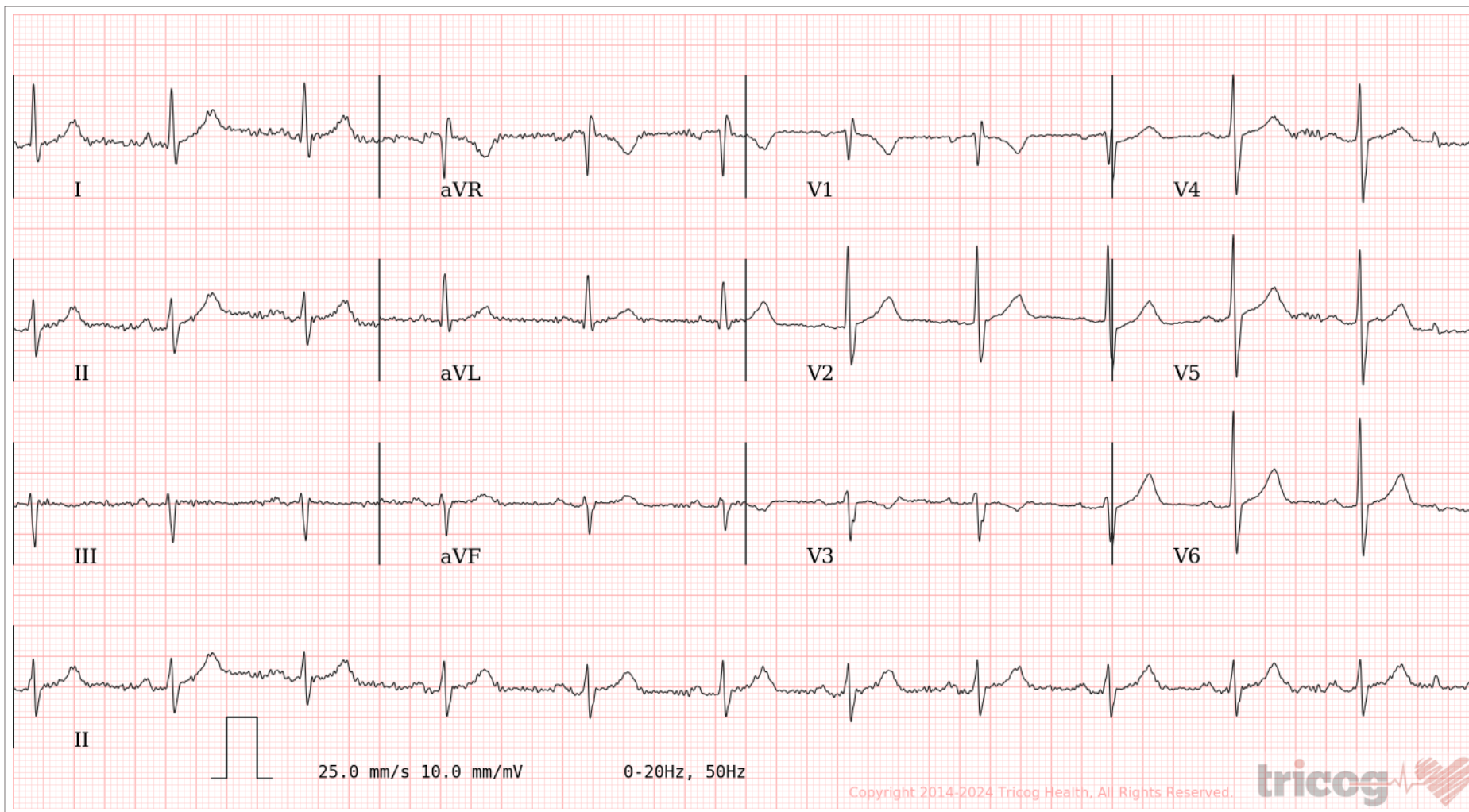
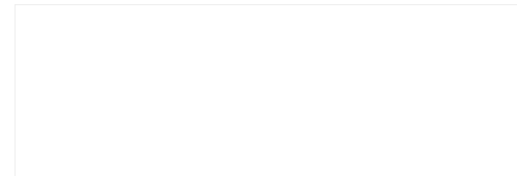


Age / Gender: 59/Male

Date and Time: 26th Oct 24 9:54 AM

Patient ID: CHLD0142092425

Patient Name: Mr. MANOHAR SINGH JANGPANGI



AR: 69bpm    VR: 69bpm    QRSD: 86ms    QT: 412ms    QTcB: 441ms    PRI: 188ms    P-R-T: 51° -23° 25°

ECG Within Normal Limits: Sinus Rhythm. Check for chest leads misplacement. Baseline artefacts. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

REPORTED BY

Dr Surekha B

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.

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