

Test Name

CHANDAN DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar Ph: 7706041643,7706041644

CIN: U85196UP1992PLC014075



Method

Patient Name : Mrs.SWATI SINGH Registered On : 21/Mar/2024 09:13:08 Age/Gender Collected : 35 Y O M O D /F : 21/Mar/2024 09:22:38 UHID/MR NO : IDCG.0000027457 Received : 21/Mar/2024 09:50:26 Visit ID Reported : 21/Mar/2024 13:25:56 : IDCD0617502324

Result

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Unit

Rio Ref Interval

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blo	ood			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	Blood			
Haemoglobin	14.10	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) <u>DLC</u>	8,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	70.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	25.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	12.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 20	
PCV (HCT) Platelet count	42.00	%	40-54	
Platelet Count	2.40	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	36.80	%	35-60	ELECTRONIC IMPEDANCE









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Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.25	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.28	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	82.80	۰fl	80-100	CALCULATED PARAMETER
MCH	26.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.20	%	30-38	CALCULATED PARAMETER
RDW-CV	15.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,740.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	164.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)







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CIN: U85196UP1992PLC014075



Patient Name : Mrs.SWATI SINGH : 21/Mar/2024 09:13:09 Registered On Age/Gender : 35 Y O M O D /F Collected : 21/Mar/2024 14:58:48 UHID/MR NO : IDCG.0000027457 Received : 21/Mar/2024 15:51:10 Visit ID : IDCD0617502324 Reported : 21/Mar/2024 16:39:07

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTING , Plasma					
Glucose Fasting	97.90	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	111.60	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. Shoaib Irfan (MBBS, MD, PDCC)









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit Bio. Ref. I	Interval Method	
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	4.70	% NGSP	HPLC (NGSP)	
Glycosylated Haemoglobin (HbA1c)	28.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	88	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)	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:

- *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







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



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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.



Dr. Anupam Singh (MBBS MD Pathology)









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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	12.42	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.94	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample:Serum	4.57	mg/dl	2.5-6.0	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)	23.30 25.80 26.30 6.27 4.27 2.00 2.13 96.99 0.55 0.21 0.34	U/L U/L IU/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.4-5.4 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 BIURET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF
Cholesterol (Total)	128.00	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	49.10 52	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL Triglycerides	26.66 133.30	mg/dl mg/dl	10-33 < 150 Normal 150-199 Border 200-499 High	ib Irfan (MBBS, MD, PDCC)

Page 6 of 12







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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE * , Urine	e			
Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
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	mg/ di	0.1 3.0	DIOONEIVIISTICI
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	1-2/h.p.f			MICROSCOPIC
	. =/p			EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION * , Stool	ol			
Color	YELLOWISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (6.0)			







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DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
SLIGAD EASTING STAGE * Uring				

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:

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

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. Shoaib Irfan (MBBS, MD, PDCC)

Page 8 of 12







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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	135.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.900	μlU/mL	0.27 - 5.5	CLIA
Intounwatation				
Interpretation:		0.3-4.5 μIU/r	nL First Trime	ster
		0.5-4.6 μIU/r		
		0.8-5.2 μIU/r		ester
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r		k - 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/1	nL 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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)









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Patient Name : Mrs.SWATI SINGH Registered On : 21/Mar/2024 09:13:11

 Age/Gender
 : 35 Y 0 M 0 D /F
 Collected
 : N/A

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 : IDCG.0000027457
 Received
 : N/A

Visit ID : IDCD0617502324 Reported : 21/Mar/2024 11:26:55

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DEPARTMENT OF X-RAY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *
(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION: NORMAL SKIAGRAM

Dr. Anil Kumar Verma (MBBS,DMRD)







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Visit ID : IDCD0617502324 Reported : 21/Mar/2024 11:07:44

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is mildly enlarged in size (~ 151 mm) with grade-I fatty changes with few areas of focal fat sparing.
- The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

GALL BLADDER & CBD

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic. No wall
 thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal in caliber.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Both the kidneys are normal in size and echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

• No significant lymph node noted.

URINARY BLADDER

• Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.







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UTERUS & CERVIX

- The uterus is anteverted.
- It has a homogenous myometrial echotexture.
- The endometrial echo is in mid line.
- Cervical lengthening ~ approx 4.1 cm. (History of previous cesarean)

ADNEXA & OVARIES

- Adnexa appear normal.
- Both ovaries are normal in size and echotexture.

IMPRESSION

Indication: Routine screening (No previous records)

• Mild hepatomegaly with grade-I fatty changes in liver.

Please correlate clinically

Report prepared by- shanaya

(This report is a professional opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



Dr. Anil Kumar Verma (MBBS,DMRD)

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





