

Add: Mukut Complex, Rekabganj, Faizabad Ph: 9235400973, CIN: U85110DL2003PLC308206



Patient Name	: Mr.MUNNA KUMAR	Registered On	: 23/Mar/2024 10:43:06
Age/Gender	: 33 Y 10 M 22 D /M	Collected	: 23/Mar/2024 11:12:25
UHID/MR NO	: CHFD.0000288030	Received	: 23/Mar/2024 11:24:57
Visit ID	: CHFD0667402324	Reported	: 23/Mar/2024 14:10:09
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

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	DEPARTMENT	OF HAEMATO	LOGY				
MEDIWHEEI	MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS						
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	13.9 <mark>0</mark>	g/dl	1 Day- 14.5-22.5 g/dl				
			1 Wk- 13.5-19.5 g/dl				
		13	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	6,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE			
Polymorphs (Neutrophils )	46.00	%	55-70	ELECTRONIC IMPEDANCE			
Lymphocytes	51.00	%	25-40	ELECTRONIC IMPEDANCE			
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE			
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE			
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE			
ESR							
Observed	12.00	Mm for 1st hr.					
Corrected	6.00	Mm for 1st hr.	< 9				
PCV (HCT)	41.40	%	40-54				
Platelet count							
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC			
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE			
P-LCR (Platelet Large Cell Ratio)	57.00	%	35-60	ELECTRONIC IMPEDANCE			

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# DEPARTMENT OF HAEMATOLOGY

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.55	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	86.60	fl	80-100	CALCULATED PARAMETER
MCH	28.10	pg	28-35	CALCULATED PARAMETER
MCHC	31.40	%	30-38	CALCULATED PARAMETER
RDW-CV	11.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,760.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	120.00	/cu mm	40-440	

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UHID/MR NO	: CHFD.0000288030	Received	: 23/Mar/2024 11:37:13
Visit ID	: CHFD0667402324	Reported	: 23/Mar/2024 12:56:04
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING, Plasma Glucose Fasting	96.07	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ <b>126 Diabetes</b>	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.

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Patient Name	: Mr.MUNNA KUMAR	Registered On	: 23/Mar/2024 10:43:07
Age/Gender	: 33 Y 10 M 22 D /M	Collected	: 24/Mar/2024 11:06:16
UHID/MR NO	: CHFD.0000288030	Received	: 24/Mar/2024 11:38:33
Visit ID	: CHFD0667402324	Reported	: 24/Mar/2024 12:16:43
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose PP</b> Sample:Plasma After Meal	112.20	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.

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### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDT.	A BLOOD			
Glycosylated Haemoglobin (HbA1c)	4.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	21.80 mr	nol/mol/IFC(	2	
Estimated Average Glucose (eAG)	72	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)	<b>Degree of Glucose Control Unit</b>
> 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

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## **DEPARTMENT OF BIOCHEMISTRY**

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	ι	Init Bio. Ref. In	iterval Method
c. Alcohol toxicity d. Lead toxicity *Decreases in A 1c occur in the following *Pregnancy d. chronic renal failure. Inter *Presence of Hb F and H causes falsely resulting in a hemoglobinopathy) causes f	fering Factors: elevated values. 2.	Presence of H		
BUN (Blood Urea Nitrogen) Sample:Serum	11.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.06	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	5.50	mg/dl	3.4-7.0	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)	26.30 25.77 14.11 6.64 3.53 3.11 1.14 82.72 0.67 0.27 0.40	U/L U/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
LIPID PROFILE ( MINI ) * , Serum Cholesterol (Total)	169.85	mg/dl	<200 Desirable 200-239 Borderline > 240 High	CHOD-PAP e High
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	65.10 82	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Op 130-159 Borderline 160-189 High > 190 Very High	
VLDL Triglycerides	22.83 114.14	mg/dl mg/dl	10-33 < 150 Normal	CALCULATED GPO-PAP





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# **DEPARTMENT OF BIOCHEMISTRY**

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

150-199 Borderline High 200-499 High >500 Very High	

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# DEPARTMENT OF CLINICAL PATHOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE *	Uripo			
Color Constitution	PALE YELLOW			
Specific Gravity	1.015			DIDCTICK
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR	· 0/	10.41	DIDCTION
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+) 40-200 (++)	
			200-500 (++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
5		9	0.5-1.0 (++)	
			1-2 (+++)	
			> 2 (++++)	
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	1-2/h.p.f			MICROSCOPIC
	. F			EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
-				EXAMINATION
Others	ABSENT			
				a and

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Patient Name	: Mr.MUNNA KUMAR	Registered On	: 23/Mar/2024 10:43:07
Age/Gender	: 33 Y 10 M 22 D /M	Collected	: 24/Mar/2024 11:05:44
UHID/MR NO	: CHFD.0000288030	Received	: 24/Mar/2024 11:09:07
Visit ID	: CHFD0667402324	Reported	: 24/Mar/2024 14:04:23
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

# DEPARTMENT OF CLINICAL PATHOLOGY

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
STOOL, ROUTINE EXAMINATI	ON * , Stool			
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic ( 6.0 )			
Mucus	ABSENT			
Blood	ABSENT	,		
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
			1. 1. 1. 1. S. T. 1. 3	

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Age/Gender	: 33 Y 10 M 22 D /M	Collected	: 23/Mar/2024 12:32:19
UHID/MR NO	: CHFD.0000288030	Received	: 23/Mar/2024 12:33:27
Visit ID	: CHFD0667402324	Reported	: 23/Mar/2024 13:21:35
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

# DEPARTMENT OF CLINICAL PATHOLOGY

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>SUGAR, FASTING STAGE * ,</b> <i>Urine</i> Sugar, Fasting stage	ABSENT	gms%		
Interpretation:         (+)       < 0.5				

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UHID/MR NO	: CHFD.0000288030	Received	: 24/Mar/2024 11:09:52
Visit ID	: CHFD0667402324	Reported	: 24/Mar/2024 11:53:19
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# DEPARTMENT OF CLINICAL PATHOLOGY

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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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UHID/MR NO	: CHFD.0000288030	Received	: 23/Mar/2024 11:28:19
Visit ID	: CHFD0667402324	Reported	: 23/Mar/2024 13:19:50
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## 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)	157.00	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	7.60	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	1.600	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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# **DEPARTMENT OF X-RAY**

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

### X-RAY DIGITAL CHEST PA \*

<u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- 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 :**

#### • NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation.

Manvandra **MD** Radiodiagnosis







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Ref Docto	r : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

# WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

### LIVER

• The liver is normal in size 14.00 cm in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

## PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

## **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size. GB Wall thicknes is normal.

## PANCREAS

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

# GREAT VESSELS

• Great vessels are normal.

## KIDNEYS

- Both the kidneys are normal in size and cortical 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 pre- or para - aortic lymph node mass is seen.

## RETROPERITONEUM

• Retroperitoneum is free.

## ILIAC FOSSAE & PERITONEUM

• Scan over the iliac fossae does not reveal any fluid collection or mass.







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UHID/MR NO	: CHFD.0000288030	Received	: N/A
Visit ID	: CHFD0667402324	Reported	: 23/Mar/2024 12:35:29
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• No free fluid is noted in peritoneal cavity.

## URETERS

- The upper parts of both the ureters are normal.
- Thevesico ureteric junctions are normal.

## URINARY BLADDER

• The urinary bladder is normal.

## PROSTATE

• The Prostate gland is normal in size.

## FINAL IMPRESSION:-

- Gas filled bowel loops.
- Rest is normal.

Adv: Clinico-pathological correlation and follow-up.

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

Result/s to Follow: ECG/EKG





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
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