



CHANDAN DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar
Ph: 7706041643,7706041644
CIN : U85196UP1992PLC014075



Patient Name	: Mrs.SUJATA SINGH	Registered On	: 18/Mar/2024 10:09:11
Age/Gender	: 56 Y 3 M 13 D /F	Collected	: 18/Mar/2024 10:27:06
UHID/MR NO	: IDCD.0000208083	Received	: 18/Mar/2024 11:02:17
Visit ID	: IDCD0611222324	Reported	: 18/Mar/2024 13:07:23
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
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	NEGATIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	12.30	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)	7,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	25.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	24.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr.	<20	
PCV (HCT)	37.00	%	40-54	
Platelet count				
Platelet Count	1.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	53.10	%	35-60	ELECTRONIC IMPEDANCE





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PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.69	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	85.80	fL	80-100	CALCULATED PARAMETER
MCH	26.20	pg	28-35	CALCULATED PARAMETER
MCHC	30.60	%	30-38	CALCULATED PARAMETER
RDW-CV	14.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,896.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	144.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)





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Visit ID	: IDCDC0611222324	Reported	: 18/Mar/2024 13:01:21
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
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GLUCOSE FASTING , Plasma

Glucose Fasting	206.80	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HbA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	10.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	89.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	249	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 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





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c. Alcohol toxicity d. Lead toxicity

*Decreases in A1c 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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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	9.90	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.10	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample:Serum	5.39	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	19.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	21.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	34.30	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.28	gm/dl	6.2-8.0	BIURET
Albumin	4.09	gm/dl	3.4-5.4	B.C.G.
Globulin	2.19	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.87		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	136.14	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.86	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.21	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.65	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	171.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	65.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	56	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	49.18	mg/dl	10-33	CALCULATED
Triglycerides	245.90	mg/dl	< 150 Normal 150-199 Border 200-499 High >500 Very High	CALCULATED

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Age/Gender	: 56 Y 3 M 13 D /F	Collected	: 18/Mar/2024 10:40:23
UHID/MR NO	: IDCDC.0000208083	Received	: 18/Mar/2024 11:43:46
Visit ID	: IDCDC0611222324	Reported	: 18/Mar/2024 13:12:36
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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URINE EXAMINATION, ROUTINE * , Urine

Color	DARK YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	TRACE	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
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 EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%		
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Interpretation:





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DEPARTMENT OF CLINICAL PATHOLOGY

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(+) < 0.5
(++) 0.5-1.0
(+++) 1-2
(++++> 2




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UHID/MR NO	: IDCD.0000208083	Received	: 18/Mar/2024 13:21:27
Visit ID	: IDCD0611222324	Reported	: 18/Mar/2024 14:58:16
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. Interval	Method
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THYROID PROFILE - TOTAL ** , Serum

T3, Total (tri-iodothyronine)	124.25	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.850	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.

Dr. Anupam Singh (MBBS MD Pathology)





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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

- **Bilateral bronchovascular markings appear prominent.**
- 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 parenchyma did not reveal any significant lesion.

Please correlate clinically.

Dr. Anil Kumar Verma

MBBS,DMRD

Report prepared by – roshan

(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 radiological correlation of clinical findings).

Dr. Anil Kumar Verma
(MBBS,DMRD)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- **Liver is mildly enlarged in size (~ 159 mm) with grade-II fatty changes. (Adv:- LFT correlation)**
- No obvious focal lesion is seen. The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

GALL BLADDER & CBD

- **Gall bladder is not visualized (post operative status)**
- Visualised proximal common bile duct is normal in caliber. Lumen echo lucent (normal post operative status)

PANCREAS

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

KIDNEYS

- Both kidneys are normal in size.
- Right kidney ~ approx 86 x 37 mm.
- Left kidney ~ approx 95 x 46 mm.
- **Bilateral renal cortical echogenicity is increased with effaced cortico-medullary demarcation with renal outlines irregular & lobulated. (ADV:- RFT correlation)**
- **Few atleast two evolving cortical cysts seen at upper & mid polar region of right kidney, largest ~ approx 10 x 7 mm.**
- **Evolving cortical cyst ~ approx 11 x 9 mm seen at lower polar region of left kidney.**
- The collecting system of both the kidneys is normal.

SPLEEN

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





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DEPARTMENT OF ULTRASOUND

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LYMPH NODES

- No significant lymph node noted.

URINARY BLADDER

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

UTERUS & CERVIX

- Uterus is senile changes seen.
- Endometrium is scanty.
- Cervix appear normal in size.

ADNEXA & OVARIES

- No adnexal mass lesion seen.

IMPRESSION

Indication: Routine screening (No previous records)

- **Mild hepatomegaly with grade-II fatty changes in liver. (Adv:- LFT correlation)**
- **Increased bilateral renal cortical echogenicity with effaced cortico-medullary-demarcation with renal outlines irregular & lobulated with bilateral renal evolving cortical cysts as described. (Adv:- RFT correlation).**

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 ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION

Dr. Anil Kumar Verma
(MBBS,DMRD)





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

DEPARTMENT OF CARDIOLOGY-2D-ECHO

2D ECHO *

2D ECHO & COLOUR DOPPLER REPORT

2D ECHO & M-MODE EXAMINATION VALUES

AORTIC VALVE STUDY

AORTIC ROOT	28	mm
ALS	19	mm
LEFT ATRIUM DIAMETER	24	mm

LEFT VENTRICLE

IVS :	8	ES : 15	EDV :76ML
IVPW :	8	ES :15	EDV :25ML
LVID D :	42	Cm	
LVID S :	26	Cm	

EJECTION FRACTION : 66 % (60 ± 7 %)

SV (Teich)

SHORTENING FRACTION: 36 % (30 ± 5%)

RIGHT VENTRICLE

ID: 20 mm (7-26 mm)





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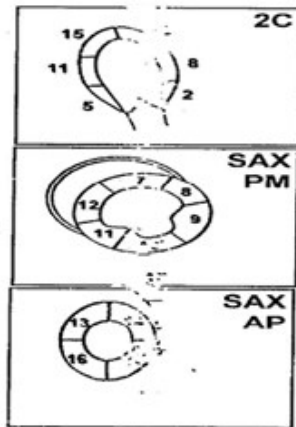
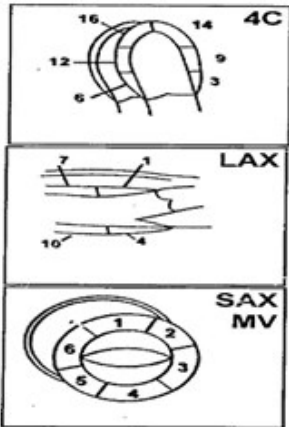


Patient Name	: Mrs.SUJATA SINGH	Registered On	: 18/Mar/2024 13:29:08
Age/Gender	: 56 Y 3 M 13 D /F	Collected	: N/A
UHID/MR NO	: IDCD.0000208083	Received	: N/A
Visit ID	: IDCD0611832324	Reported	: 18/Mar/2024 16:31:58
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-2D-ECHO

DIMENSIONAL IMAGING

MITRAL VALVE :	Normal
AORTIC VALVE :	MILD THICKNED
PULMONARY VALVE :	Normal
TRICUSPID VALVE :	Normal
INTER VENTRICULAR SEPTA :	Normal
INTERATRIAL SEPTUM :	Normal
INTRACARDIAC CLOT / VEGETATION / MYXOMA :	Absent
LEFT ATRIUM :	Normal
LEFT VENTRICLE :	Normal
RIGHT VENTRICLE :	Normal
RIGHT ATRIUM :	Normal
PERICARDIUM :	Normal
OTHER :	NO LVH , NO RWMA





CHANDAN DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar
Ph: 7706041643,7706041644
CIN : U85196UP1992PLC014075



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DEPARTMENT OF CARDIOLOGY-2D-ECHO

COLOUR FLOW MAPPING

- MILD AORTIC REGURGITATION .

DOPPLER STUDY

MITRAL FLOW	VELOCITY cm/s	FLOW PATTERN	GRADIENT
	E: 63	A>E	0/4
	A: 94		
AORTIC FLOW	92	NORMAL	1/4
TRICUSPID FLOW	-	NORMAL	0/4
PULMONARY FLOW	70	NORMAL	0/4

SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LV IS NORMAL IN SIZE AND EJECTION FRACTION . NO LVH . NO RWMA
- AORTIC VALVE MILD THICKNED . MILD AORTIC REGURGITATION .
- DIASTOLIC RELAXION ABNORMALITY MITRAL FLOW A>E.
- OTHER PARAMETER WITHIN NORMAL RANGE

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.



N Chandan
Dr. Naveen Chandra
MD,DM

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

