



# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.GEETA PRAKASH	Registered On	: 16/Aug/2024 09:33:05
Age/Gender	: 34 Y 11 M 28 D /F	Collected	: 16/Aug/2024 09:42:57
UHID/MR NO	: CHLD.0000113362	Received	: 16/Aug/2024 10:41:53
Visit ID	: CHLD0095732425	Reported	: 16/Aug/2024 12:57:15
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) , Whole Blood

Haemoglobin	11.70	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)	7,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils )	64.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	7.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	26.00	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 Pregnancy	





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## DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	16.00	Mm for 1st hr.	<20	
PCV (HCT)	35.00	%	40-54	
Platelet count				
Platelet Count	1.22	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	61.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.17	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.50	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	84.30	fl	80-100	CALCULATED PARAMETER
MCH	26.00	pg	27-32	CALCULATED PARAMETER
MCHC	30.70	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	40.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,928.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	539.00	/cu mm	40-440	

  
Dr Vinod Ojha  
MD Pathologist





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## DEPARTMENT OF BIOCHEMISTRY

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

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

Glucose Fasting	78.00	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.

#### Glucose PP Sample: Plasma After Meal

98.20	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)	5.60	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	38.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	114	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





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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.

#### 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)	12.60	mg/dL	7.0-23.0	CALCULATED
Sample: Serum				

#### **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:**





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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Low-protein diet, overhydration, Liver disease.

Creatinine <i>Sample:Serum</i>	0.79	mg/dl	0.5-1.20	MODIFIED JAFFES
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#### 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.

Uric Acid <i>Sample:Serum</i>	3.81	mg/dl	2.5-6.0	URICASE
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#### 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)	23.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	9.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	27.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.26	gm/dl	6.2-8.0	BIURET
Albumin	4.11	gm/dl	3.4-5.4	B.C.G.
Globulin	2.15	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.91		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	151.07	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.57	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.26	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.31	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) , Serum

Cholesterol (Total)	181.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
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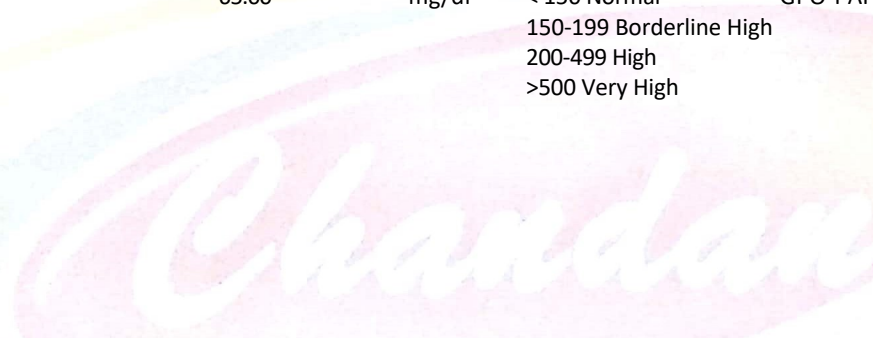


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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HDL Cholesterol (Good Cholesterol)	53.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	114	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	13.00	mg/dl	10-33	CALCULATED
Triglycerides	65.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



  
**Dr Vinod Ojha**  
MD Pathologist





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Patient Name	: Mrs.GEETA PRAKASH	Registered On	: 16/Aug/2024 09:33:06
Age/Gender	: 34 Y 11 M 28 D /F	Collected	: 16/Aug/2024 10:14:13
UHID/MR NO	: CHLD.0000113362	Received	: 16/Aug/2024 10:41:58
Visit ID	: CHLD0095732425	Reported	: 16/Aug/2024 14:58:33
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Color	PALE 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	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	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

  
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MD Pathologist





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Age/Gender	: 34 Y 11 M 28 D /F	Collected	: 16/Aug/2024 11:34:15
UHID/MR NO	: CHLD.0000113362	Received	: 16/Aug/2024 11:40:09
Visit ID	: CHLD0095732425	Reported	: 17/Aug/2024 14:54:00
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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
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#### STOOL, ROUTINE EXAMINATION , *Stool*

Color	BROWNISH
Consistency	SOLID
Reaction (PH)	Acidic ( 6.0 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	1-2/h.p.f
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT

Dr.Pankaj Punetha DNB(Pathology)







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Patient Name	: Mrs.GEETA PRAKASH	Registered On	: 16/Aug/2024 09:33:08
Age/Gender	: 34 Y 11 M 28 D /F	Collected	: 16/Aug/2024 09:42:57
UHID/MR NO	: CHLD.0000113362	Received	: 16/Aug/2024 10:41:53
Visit ID	: CHLD0095732425	Reported	: 16/Aug/2024 18:28:43
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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
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#### SUGAR, FASTING STAGE, *Urine*

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

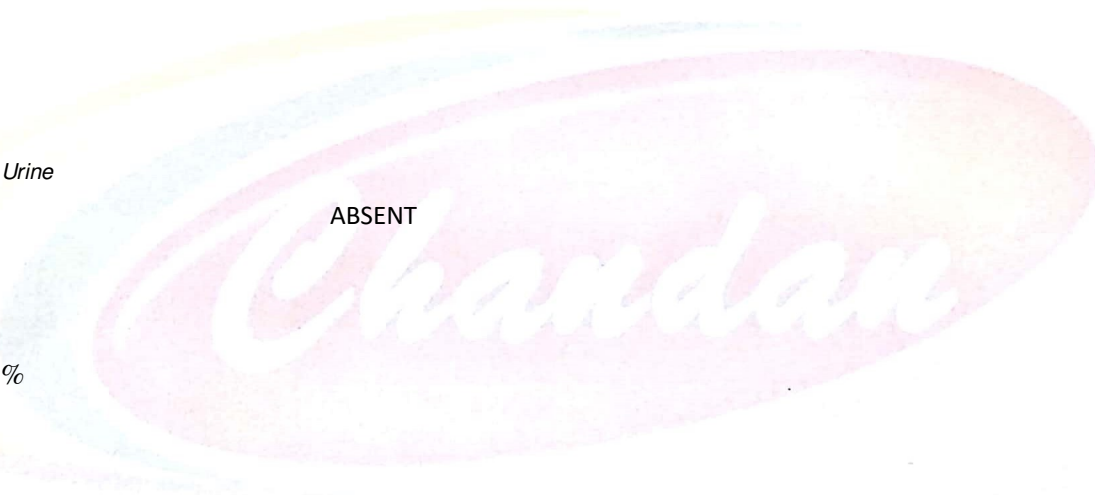
- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

#### SUGAR, PP STAGE, *Urine*

Sugar, PP Stage	ABSENT
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#### Interpretation:

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



Dr Vinod Ojha  
MD Pathologist





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## DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	78.20	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.00	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.800	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 Vinod Ojha  
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## DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA

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

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

- **Expiratory 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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Patient Name	: Mrs.GEETA PRAKASH	Registered On	: 16/Aug/2024 09:33:11
Age/Gender	: 34 Y 11 M 28 D /F	Collected	: 2024-08-16 11:06:55
UHID/MR NO	: CHLD.0000113362	Received	: 2024-08-16 11:06:55
Visit ID	: CHLD0095732425	Reported	: 16/Aug/2024 11:08:52
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## DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

### ULTRASOUND WHOLE ABDOMEN

**LIVER:** Is normal in size (~15.4cms) and echotexture. 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, grossly appears normal.

### UTERUS & CERVIX:

- Uterus is normal in size, shape and echotexture.
- Endometrial and myometrial echoes are normal. (ET ~ 7.1mm). No focal lesion seen.
- Cervix appears normal.

### OVARIES & ADNEXA:





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.GEETA PRAKASH	Registered On	: 16/Aug/2024 09:33:11
Age/Gender	: 34 Y 11 M 28 D /F	Collected	: 2024-08-16 11:06:55
UHID/MR NO	: CHLD.0000113362	Received	: 2024-08-16 11:06:55
Visit ID	: CHLD0095732425	Reported	: 16/Aug/2024 11:08:52
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

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

- Right ovary is normal in size, shape and echo pattern.
- Left ovary is not visualized due to poor acoustic window.
- No adnexal mass/ cyst seen on both sides.
- **Free fluid is seen in POD.**

No evidence of any abdominal free fluid/retroperitoneal lymphadenopathy.

***IMPRESSION:- Essentially a normal scan.***

**(Adv:- Clinico-pathological correlation and further evaluation).**

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

Result/s to Follow:  
ECG/EKG



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: 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

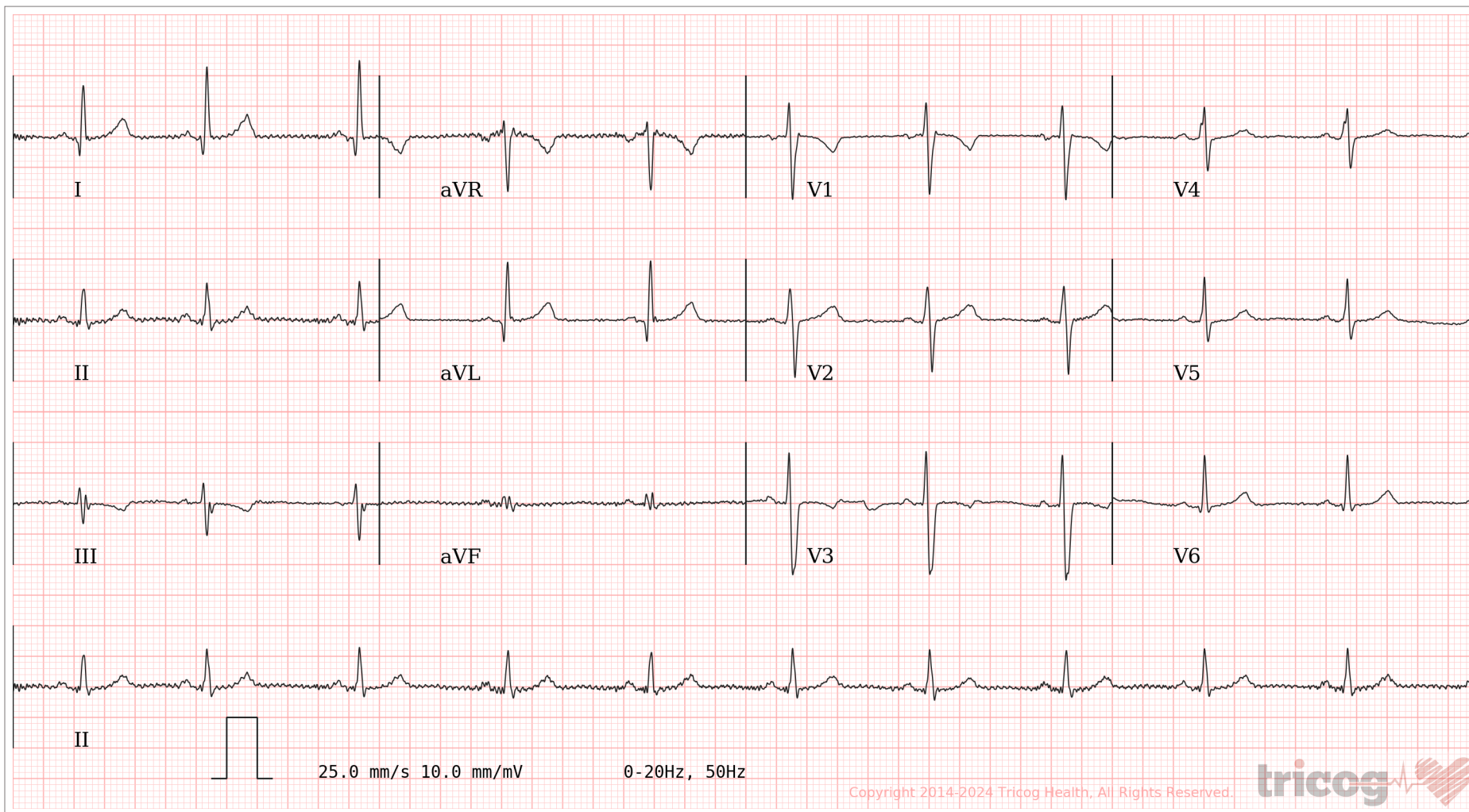
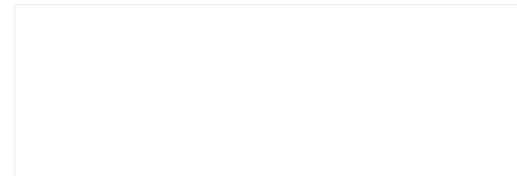


# Chandan Diagnostic



Age / Gender: 34/Female  
Patient ID: CHLD0095732425  
Patient Name: Mrs.GEETA PRAKASH

Date and Time: 16th Aug 24 10:11 AM



AR: 65bpm    VR: 65bpm    QRSD: 86ms    QT: 384ms    QTcB: 399ms    PRI: 146ms    P-R-T: 150° 15° 19°

ECG Within Normal Limits: Sinus Rhythm, Occasional PACs seen. rsr' Pattern in V1. T inversion in lead V3. Baseline artefacts. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr Hemanth kumar reddy kayyuru

TSMC 26860

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.