



# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.PRIYANKA SRIVASTAVA -PKG100047	Registered On	: 11/Feb/2024 11:01:20
Age/Gender	: 33 Y 7 M 16 D /F	Collected	: 11/Feb/2024 11:15:35
UHID/MR NO	: IDCD.0000203586	Received	: 11/Feb/2024 11:20:24
Visit ID	: IDCD0540502324	Reported	: 11/Feb/2024 14:47:42
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd. -	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	12.50	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)	<b>10,600.00</b>	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	<b>75.00</b>	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	<b>19.00</b>	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	24.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr.	<20	
PCV (HCT)	<b>37.00</b>	%	40-54	
<b>Platelet count</b>				
Platelet Count	2.80	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)	43.40	%	35-60	ELECTRONIC IMPEDANCE





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PCT (Platelet Hematocrit)	<b>0.33</b>	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>12.50</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.10	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	92.70	fL	80-100	CALCULATED PARAMETER
MCH	30.50	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	12.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>7,950.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	106.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)





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Patient Name	: Mrs. PRIYANKA SRIVASTAVA -PKG1000047	Registered On	: 11/Feb/2024 11:01:22
Age/Gender	: 33 Y 7 M 16 D /F	Collected	: 11/Feb/2024 11:15:35
UHID/MR NO	: IDCD.0000203586	Received	: 11/Feb/2024 13:13:09
Visit ID	: IDCD0540502324	Reported	: 11/Feb/2024 14:20:57
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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	91.80	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.



Dr. Shoaib Irfan (MBBS, MD, PDCC)





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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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#### 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 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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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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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UHID/MR NO	: IDCD.0000203586	Received	: 11/Feb/2024 13:19:30
Visit ID	: IDCD0540502324	Reported	: 11/Feb/2024 14:53:53
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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen)</b> Sample:Serum	7.77	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	0.76	mg/dl	0.5-1.20	MODIFIED JAFFES
<b>Uric Acid</b> Sample:Serum	3.28	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	28.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	26.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	45.30	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.81	gm/dl	6.2-8.0	BIURET
Albumin	3.69	gm/dl	3.4-5.4	B.C.G.
Globulin	3.12	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.18		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	145.99	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.72	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.23	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.49	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	118.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	35.90	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	25.72	mg/dl	10-33	CALCULATED
Triglycerides	128.60	mg/dl	< 150 Normal 150-199 Border 200-499 High >500 Very High	CALCULATED

  
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Age/Gender	: 33 Y 7 M 16 D /F	Collected	: 11/Feb/2024 12:46:36
UHID/MR NO	: IDCD.0000203586	Received	: 11/Feb/2024 13:58:21
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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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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic ( 5.0)			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	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/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

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++> 2



  
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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)	126.36	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.47	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.220	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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Patient Name	: Mrs.PRIYANKA SRIVASTAVA -PKG1000047	Registered On	: 11/Feb/2024 11:01:28
Age/Gender	: 33 Y 7 M 16 D /F	Collected	: N/A
UHID/MR NO	: IDCD.0000203586	Received	: N/A
Visit ID	: IDCD0540502324	Reported	: 11/Feb/2024 16:30:41
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd. -	Status	: Final Report

## 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

- 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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## DEPARTMENT OF ULTRASOUND

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

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

##### LIVER

- Liver is normal in size (~ 144 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

- Gall bladder is not visualized (post operative status)
- Visualised proximal common bile duct is normal (~ 4.7 mm) 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 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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## DEPARTMENT OF ULTRASOUND

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

#### UTERUS & CERVIX

- The uterus is anteverted and measures ~ 71 x 34 x 30 mm.
- It has a homogenous myometrial echotexture.
- The endometrial echo is in mid line and measures ~ 6.5 mm.
- Cervix appear normal in size & measures ~ 24 x 23 mm.

#### ADNEXA & OVARIES

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

#### IMPRESSION

- **Grade-I fatty changes in liver.**

Report prepared by- shanaya

**Dr. Anil Kumar Verma**

**MBBS, DMRD**

(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:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG



**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 Conduction 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

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Home Sample Collection  
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Mar. 2018