Chandan Diagnostic



Age / Gender: 58/Male

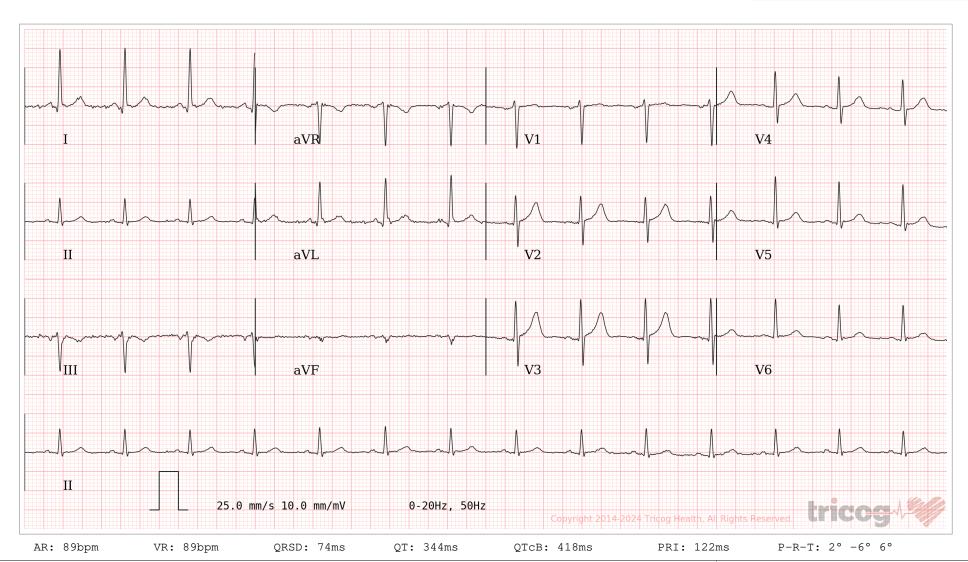
Date and Time: 16th Nov 24 10:19 AM

Patient ID:

CVAR0087782425

Patient Name:

Mr.SANTOSH KUMAR GUPTA- 22E39223



ECG Within Normal Limits: Sinus Rhythm.Possible Left Arm-Left Leg interchanged. Please correlate clinically.

Dr. Charit MD, DM: Cardiology

63382

AUTHORIZED BY

Du Sundaha D

REPORTED BY

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.





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-4501413 CIN: U85110UP2003PLC193493

Patient Name : Mr.SANTOSH KUMAR GUPTA- 22E39223 Registered On : 16/Nov/2024 09:24:05 Age/Gender Collected : 58 Y 0 M 0 D /M : 16/Nov/2024 11:48:55 UHID/MR NO : CVAR.0000057857 Received : 16/Nov/2024 12:02:22 Visit ID : CVAR0087782425 Reported : 16/Nov/2024 13:51:35 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) **	, Blood			
Blood Group	А			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) ** , u	Whole Blood			
Haemoglobin	15.20	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	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC) <u>DLC</u>	5,900.00	/Cu mm	4000-10000	IMPEDANCE METHOD
Polymorphs (Neutrophils)	75.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	20.00	%	20-40	FLOW CYTOMETRY
Monocytes	3.00	%	2-10	FLOW CYTOMETRY
Eosinophils	2.00	%	1-6	FLOW CYTOMETRY
Basophils ESR	0.00	%	<1-2	FLOW CYTOMETRY
Observed	10.00	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	









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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	49.10	%	40-54	
Platelet count				
Platelet Count	1.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	42.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.76	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	103.20	fl	80-100	CALCULATED PARAMETER
MCH	32.00	pg	27-32	CALCULATED PARAMETER
MCHC	31.10	%	30-38	CALCULATED PARAMETER
RDW-CV	13.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,425.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	118.00	/cu mm	40-440	

S.N. Sinla

Dr.S.N. Sinha (MD Path)











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: 16/Nov/2024 09:24:06 Patient Name : Mr.SANTOSH KUMAR GUPTA- 22E39223 Registered On Collected Age/Gender : 58 Y 0 M 0 D /M : 16/Nov/2024 11:48:55 UHID/MR NO : CVAR.0000057857 Received : 16/Nov/2024 12:02:22 Visit ID : CVAR0087782425 Reported : 16/Nov/2024 12:51:30 : Dr.MEDIWHEEL VNS -Ref Doctor Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

GLUCOSE FASTING **, Plasma

Glucose Fasting 137.70 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 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 = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body. Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP ** 214.40 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 = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	44.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	131	mg/dl	

Interpretation:

NOTE:-

• eAG is directly related to A1c.













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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

est Name	Result	Unit	Bio. Ref. Interval	Method	
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- 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
- 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) **

10.00

mg/dL

7.0-23.0

CALCULATED



Sample:Serum







^{**}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 MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestimal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine ** 1.20 mg/dl Male 0.7-1.3 MODIFIED JAFFES

Sample:Serum

Newborn 0.3-1.0

Infent 0.2-0.4

Child 0.3-0.7

Adolescent 0.5- 1.0

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 ** 5.00 mg/dl 3.5-7.2 URICASE

Sample:Serum

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)	25.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	30.40	U/L	< 45	IFCC WITHOUT P5P
Gamma GT (GGT)	27.00	U/L	0-55	IFCC, KINETIC
Protein	6.30	gm/dl	6.2-8.0	BIURFT









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	U	Jnit Bi	o. Ref. Interval	Method
Albumin	4.00	gm/dl	3.4-5.4	B.C.	G.
Globulin	2.30	gm/dl	1.8-3.6	CAL	CULATED
A:G Ratio	1.74		1.1-2.0	CAL	CULATED
Alkaline Phosphatase (Total)	92.40	U/L	53-128	IFCC	CAMP KINETIC
Bilirubin (Total)	0.80	mg/dl	Adult 0-2.0	DIAZ	ZO
Bilirubin (Direct)	0.20	mg/dl	< 0.20	DIA	ZO
Bilirubin (Indirect)	0.60	mg/dl	< 1.8	CAL	CULATED
.IPID PROFILE (MINI) ** , Serum					
Cholesterol (Total)	165.00	mg/dl	<200 Desi 200-239 E > 240 High	Borderline High	DD-PAP
HDL Cholesterol (Good Cholesterol)	51.50	mg/dl	35.0-79.5	DIRE	ECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	79	mg/dl	•	Ir. Above Optimal Borderline High Iigh	CULATED
VLDL	34.20	mg/dl	10-33	CAL	CULATED
Triglycerides	171.00	mg/dl	< 150 Nor 150-199 E 200-499 H >500 Very	Borderline High ligh)-PAP

S.N. Sinta

Dr.S.N. Sinha (MD Path)











Test Name



CHANDAN DIAGNOSTIC CENTRE

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Patient Name : Mr.SANTOSH KUMAR GUPTA- 22E39223 Registered On : 16/Nov/2024 09:24:06 Age/Gender Collected : 58 Y 0 M 0 D /M : 16/Nov/2024 17:38:33 UHID/MR NO : CVAR.0000057857 Received : 16/Nov/2024 17:40:04 Visit ID : CVAR0087782425 Reported : 16/Nov/2024 17:40:32

Result

Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Unit

Bio. Ref. Interval

Method

Result	Oilit	Dio. Nel. Iliterval	Wicthou
rine			
YELLOW			
1.020			
Acidic (6.0)			DIPSTICK
CLEAR			
ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	BIOCHEMISTRY
ABSENT			
ABSENT			
ABSENT			DIPSTICK
ABSENT			DIPSTICK
ABSENT			
ABSENT			DIPSTICK
ABSENT			DIPSTICK
1-2/h.p.f			MICROSCOPIC EXAMINATION
0-2/h.p.f			
ABSENT			MICROSCOPIC EXAMINATION
ABSENT			
ABSENT			MICROSCOPIC EXAMINATION
ABSENT			
ABSENT	gms%		
	YELLOW 1.020 Acidic (6.0) CLEAR ABSENT ABSENT ABSENT	YELLOW 1.020 Acidic (6.0) CLEAR ABSENT mg % ABSENT mg/dl ABSENT	YELLOW 1.020 Acidic (6.0) CLEAR ABSENT Mg % (10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (+++) > 500 (+++) ABSENT Mg % (0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (+++) > 2 (+++) ABSENT ABSENT











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: Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Unit Bio. Ref. Interval Method Result

Interpretation:

< 0.5 (+)

0.5 - 1.0(++)

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE **, Urine

Sugar, PP Stage **ABSENT**

Interpretation:

< 0.5 gms% (+)

(++)0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

S.N. Sinta

Dr.S.N. Sinha (MD Path)













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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
PSA (Prostate Specific Antigen), Total ** Sample:Serum	0.45	ng/mL	<4.1	CLIA	

Interpretation:

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL **, Serum

T3, Total (tri-iodothyronine)	162.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.62	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	6.150	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3 - 4.5	μIU/mL	First Trimest	er
0.5 - 4.6	μIU/mL	Second Trim	ester
0.8-5.2	$\mu IU/mL$	Third Trimes	ter
0.5 - 8.9	μIU/mL	Adults	55-87 Years
0.7 - 27	μIU/mL	Premature	28-36 Week
2.3-13.2	$\mu IU/mL$	Cord Blood	> 37Week
0.7-64	$\mu IU/mL$	Child(21 wk	- 20 Yrs.)
1-39	$\mu IU/mL$	Child	0-4 Days
1.7-9.1	$\mu IU/mL$	Child	2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or











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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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.

S.N. Sinta

Dr.S.N. Sinha (MD Path)













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Patient Name : Mr.SANTOSH KUMAR GUPTA- 22E39223 Registered On : 16/Nov/2024 09:24:06 Collected Age/Gender : 58 Y 0 M 0 D /M : 2024-11-16 12:08:28 UHID/MR NO : CVAR.0000057857 Received : 2024-11-16 12:08:28 Visit ID : CVAR0087782425 Reported : 16/Nov/2024 12:11:18

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

* NO OBVIOUS DETECTABLE ABNORMALITY SEEN

Dr Raveesh Chandra Roy (MD-Radio)













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Patient Name : Mr.SANTOSH KUMAR GUPTA- 22E39223 Registered On : 16/Nov/2024 09:24:07 Age/Gender : 58 Y 0 M 0 D /M Collected : 2024-11-16 09:57:46 UHID/MR NO : CVAR.0000057857 Received : 2024-11-16 09:57:46 Visit ID : CVAR0087782425 Reported : 16/Nov/2024 10:05:50

Status

: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

: Dr.MEDIWHEEL VNS -

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

Ref Doctor

• The liver is normal in size (14.0 cm in midclavicular line) and has a normal homogenous echo texture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (10.4 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (4.5 mm in caliber) not dilated.
- The gall bladder is **normal** in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

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

KIDNEYS

• Right kidney:-

- Right kidney is normal in size, measuring ~ 9.4 x 4.5 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

• Left kidney:-

- Left kidney is normal in size, measuring ~ 10.8 x 5.0 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN













Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-4501413 CIN: U85110UP2003PLC193493

Patient Name : Mr.SANTOSH KUMAR GUPTA- 22E39223 Registered On : 16/Nov/2024 09:24:07 Age/Gender : 58 Y 0 M 0 D /M Collected : 2024-11-16 09:57:46 UHID/MR NO : CVAR.0000057857 Received : 2024-11-16 09:57:46 Visit ID : CVAR0087782425 Reported : 16/Nov/2024 10:05:50

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

• The spleen is normal in size (~ 9.4 cm in its long axis) and has a normal homogenous echotexture.

ILIAC FOSSAE & PERITONEUM

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

URINARY BLADDER

- The urinary bladder is partially filled. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is ~ 12 cc.

PROSTATE

• The prostate gland is normal in size (~ 36 x 31 x 30 mm / 18 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

• No significant sonological abnormality noted.

Adv: Clinico-pathological-correlation / further evaluation & Follow up

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, VARANASI, MAHMOORGANJ

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)



Bont

Dr Raveesh Chandra Roy (MD-Radio)

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: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups *

Facilities Available at Select Location

*Facilities Available at Select Location
Page 13 of 13











Near	vision:	MI	19
		(1 (1

Far vision: 6/6

Dental check up : recent

ENT Check up : Me

Eye Checkup: Manual Control of the Checkup:

Final impression

Certified	that	1	examined	Samo	tosh K	سر	Ca	up te	ļ	S/o	or	D/o
				is	presently	in	good	health	and	free	from	any
cardio-res	pirato	ry/c	ommunicable	ailment,	he/she	is	fit	/ Ur	nfit	to	join	any
organizat	ion.											

Dr. R.C. ROY MBBS.,MD. (Radio Diagnosis) Chandan Diagnostic Center Reg. No.-26918

99, Shivaji Nagar, Mahmoorganj Varanasi-221010 (U.P.) Phone No.:0542-2223232

Client Signature :-



Signature of Medical Examiner

Name & Qualification - Dr. R. C. Roy (MBBS,MD)

Date...\...../.\..../2024

Place - VARANASI







CHANDAN HEALTH CARE LTD

99-SHIVAJI NAGAR MAHMOORGANJ VARANASI-9839703068

Mr. MR SANTOSH KUMAR GUPTA

Age/Sex: 58/M Ref. by MEDIWHEEL

Indication1 Indication2 Indication3

ID: 87782425 Ht/Wt: 168/82

Recorded:: 16-11-2024

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE History. BP

Medication1: TAB - AMLOKIND

Medication2 Medication3

PHASE	PHASE TIME	STAGE TIME	SPEED (Km/Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	н	ST LEVEL (mm) V2	V5	MET
SUPINE											
YPERVENT	0:02	0:02			104 106	130/88 130/88	135 137	-0.6	1.1	0.4	
ALSALVA					106	130/88	137	-0.6	1.1	0.4	
STANDING					107		137 139	-0.5 -0.5	1.0	0.3	
					100	130/88	139	-0.5	1.0	0.3	
TAGE 1	2:59	2:59	9.70	10.00	464						
TAGE 2	2:59 5:59	2:59 2:59 2:59 0:13	2.70 4.00 5.40	12.00	124	140/88	173 198	-0.9	0.7	0.2	4.80
TAGE 3	8:59	2:59	5 40		132 143	150/88	198	+1.2	0.7 0.8 0.8	0.2 -0.3	4.80 7.10
VENT	8.59 9.13 9:14	0.13	6.70	14.00 16.00	146	160/88	228	-1.5	0.8		10.00 10.29
TAGE 4	9:14	0.14	6.70	16.00	146	168/88	245	-1.8	0.8	-0.5	10.29
			77	10.00	140	168/88	245	-1.8	0.8	-0.5	10.31
EAK EXER	9:17	0:17			444						
					145	168/88	243	-1.7	0.7	-0.6	10.38
VENT	0:30	0:30	0.00	0.00	400						
VENT	1:00	1:00	0.00	0.00	137 128	166/88	227	-1.2 -0.7	1.1	· 0,1	
VENT	2:01	2:01	0.00	0.00	120	164/88	209		1.2	0.7	
ECOVERY	0.30 1.00 2.01 2.59	0:30 1:00 2:01 2:59	0.00	0.00	124 119	162/88	200	-1.1	0(9 0(6	10.1	
				0.00	119	160/88	190	-1.3	0.6	-0.6	

Exercise Duration

Max Heart Rate

Max Blood Pressure Max Work Load

Reason of Termination

9:17 Minutes

146 bpm 90 % of target heart rate 162 bpm 168/88 mmHg

10.38 METS

IMPRESSIONS

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مر المراجعة المراجعة

MEDISEARCH, MEDIACT SYSTEMS CHANDAN HEALTH CARE LTD. Mr. MR SANTOSH KUMAR GUPTA I.D. : 87782425 ST @ 10mm/mV RECOVERY (EVENT) PHASE TIME: 0:30 AGE/SEX 58/M 80ms PostJ RATE : 137 BPM RECORDED : 16-11-2024 SPEED: 0.0 Km./Hr. 166/88 mmHg GRADE: 0.0 % RAW E.C.G. 25mm/sec 10mm/mV CardiCorn, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

MEDISEARCH, MEDIACT SYSTEMS CHANDAN HEALTH CARE LTD Mr. MR SANTOSH KUMAR GUPTA BRUCE : 87782425 ST @ 10mm/mV PEAK EXER AGE/SEX : 58/M 80ms PastJ RATE : 145 BPM PHASE TIME: 9:17 RECORDED: 18-11-2024 SPEED: 6.7 Km /Hr. B P. : 168/88 mmHg STAGE TIME: 0:17 GRADE: 16.0 % MIXED E.C.G.

MEDISEARCH, MEDIACT SYSTEMS

CHANDAN HEALTH CARE LTD.

Mr. MR SANTOSH KUMAR GUPTA

I.D. . 87782425 AGE/SEX : 58/M

RECORDED: 16-11-2024

RATE: 146 BPM B.P.: 168/88 mmHg BRUCE EXERCISE 4 (EVENT)

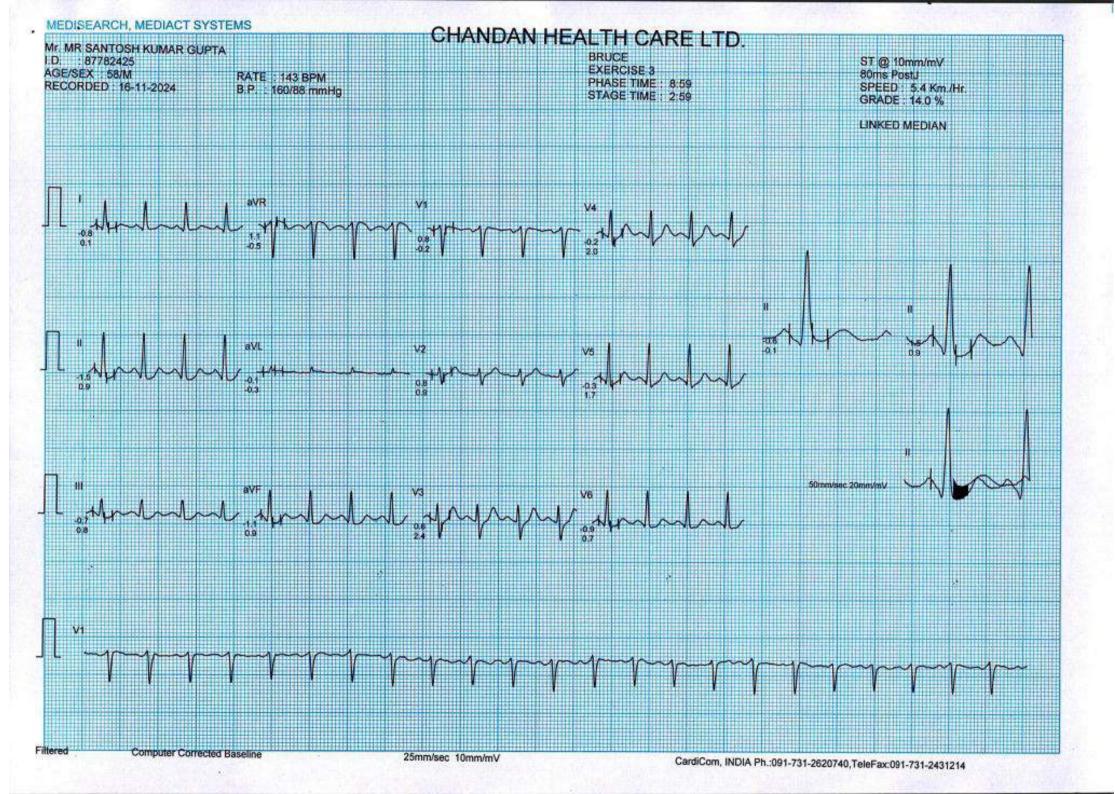
PHASE TIME: 9:13 STAGE TIME: 0:13 ST @ 10mm/mV 80ms PostJ SPEED: 6.7 Km./Hr. GRADE: 16.0 %

RAW E.C.G.

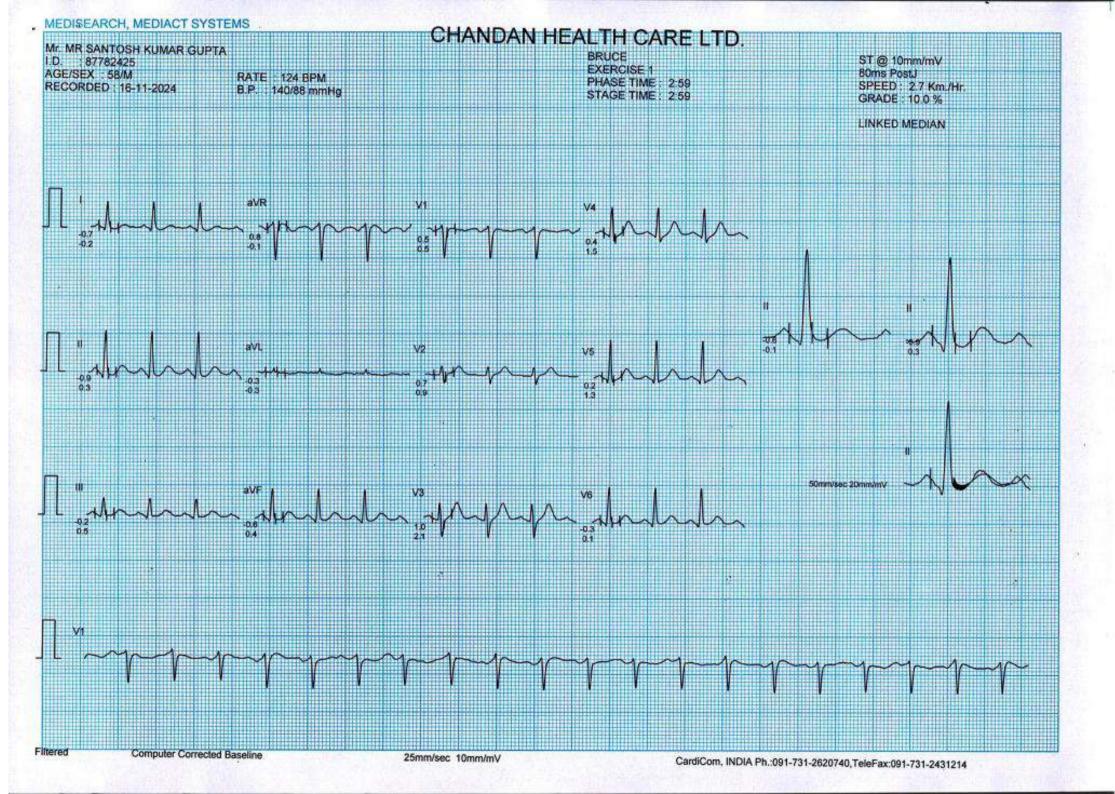


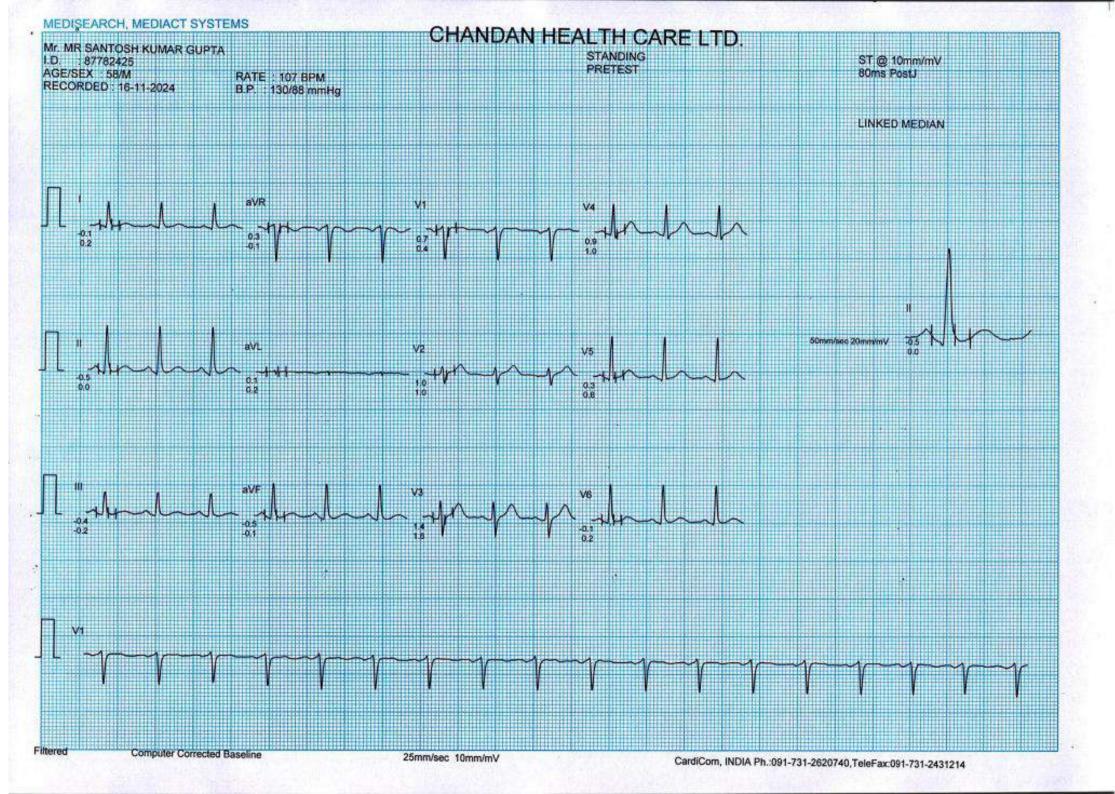


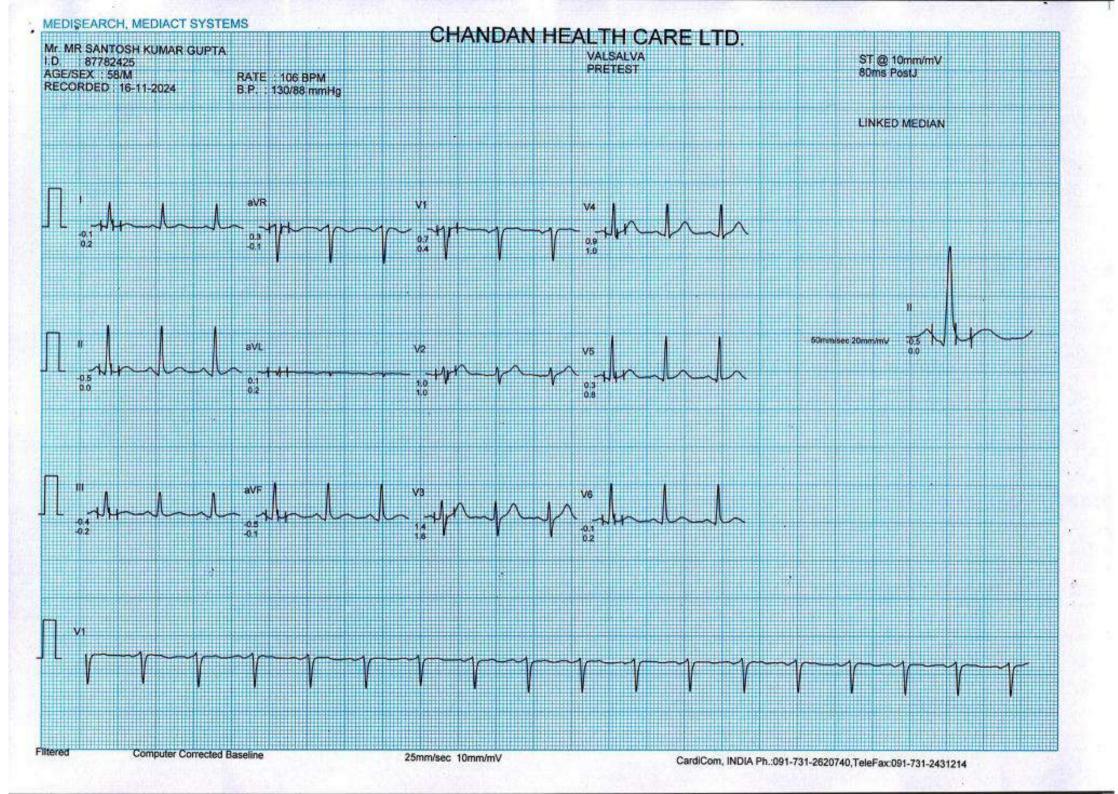


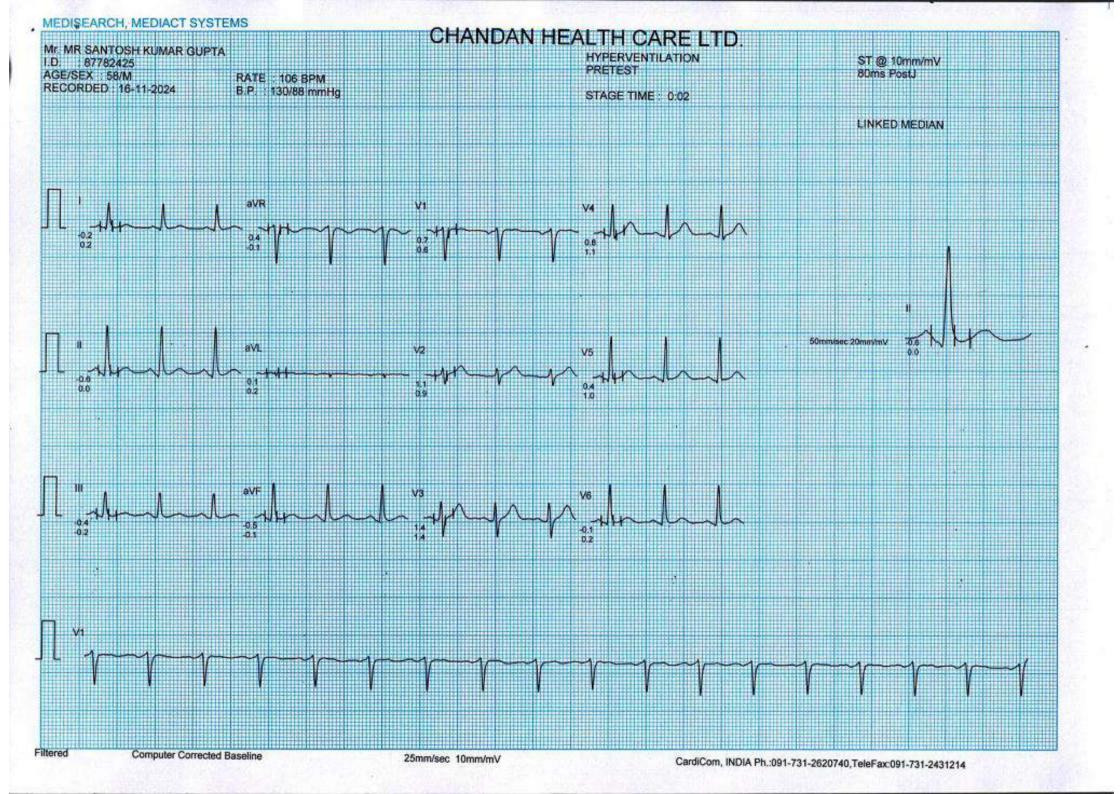


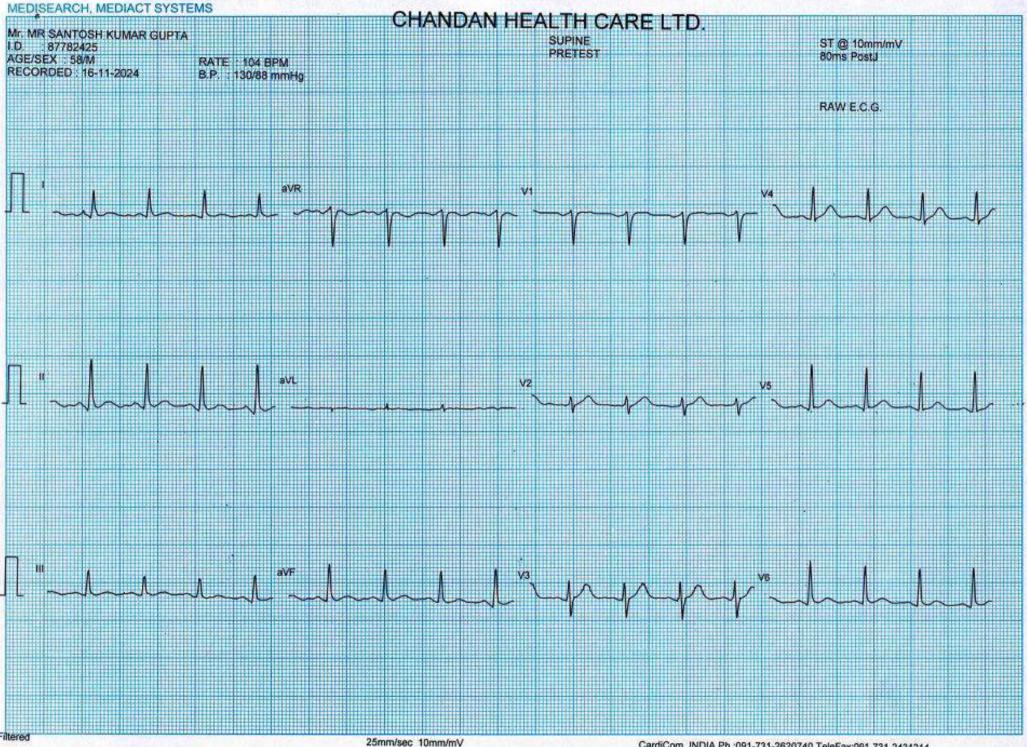
MEDISEARCH, MEDIACT SYSTEMS CHANDAN HEALTH CARE LTD. Mr. MR SANTOSH KUMAR GUPTA I.D. : 87782425 BRUCE ST @ 10mm/mV 80ms PastJ **EXERCISE 2** AGE/SEX : 58/M RATE : 132 BPM PHASE TIME: 5:59 RECORDED: 16-11-2024 SPEED: 4.0 Km./Hr. B.P. : 150/88 mmHg STAGE TIME: 2 59 GRADE: 12.0 % LINKED MEDIAN Computer Corrected Baseline 25mm/sec 10mm/mV















Name of Company:	N	lame	of	Comp	oany	•
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Mediwheel

Name of Executive:

Suntosh kumas gupta

Sex: Male / Female

Height:/.6.8..CMs

Weight: ... Q. . 2... KGs

BMI (Body Mass Index) : 20

Abdomen:/.0.2...CMs

Blood Pressure: ..1.3.9.../..8.8...mm/Hg

Pulse:9.8......BPM - Regular Virregular

Ident Mark: A male o left this

Any Allergies: No

Vertigo:

Any Medications: BP. Tob- Amlokind - I years

Any Surgical History: Ho

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any: Ho

Lab Investigation Reports: N >

Eye Check up vision & Color vision: Near & pour glas 12 years

Left eye:

Right eye: 2 - 5











D63/6B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.3053682°

Local 11:56:44 AM GMT 06:26:44 AM Longitude 82.9790343°

Altitude 84 meters Saturday, 16.11.2024