Chandan Diagnostic

Date and Time: 9th Nov 24 9:46 AM



Age / Gender:49/MalePatient ID:CVAR0084722425Patient Name:Mr.SANJAY KUMAR - 22E37717

aVR V1 V4 Т V5 aVL V2 Π III aVF V6 V3 Π 25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz AR: 79bpm VR: 79bpm QRSD: 92ms QT: 380ms QTcB: 435ms PRI: 122ms P-R-T: 25° -33° 37° AUTHORIZED BY REPORTED BY Abnormal: Sinus Rhythm, Left Axis Deviation. rsr' Pattern in V1. Please correlate clinically. (A) Dr. Charit Dr. Raghwesh Ojha

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.

CGMC 4003

MD, DM: Cardiology

63382





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

Patient Name	: Mr.SANJAY KUMAR - 22E37717	Registered On	: 09/Nov/2024 08:44:00
Age/Gender	: 49 Y 9 M 10 D /M	Collected	: 09/Nov/2024 10:35:14
UHID/MR NO	: CVAR.0000057556	Received	: 09/Nov/2024 10:49:13
Visit ID	: CVAR0084722425	Reported	: 09/Nov/2024 13:45:39
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	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) ** , v	Whole Blood			
Haemoglobin	11.10	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>	7,100.00	/Cu mm	4000-10000	IMPEDANCE METHOD
Polymorphs (Neutrophils)	60.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	36.00	%	20-40	FLOW CYTOMETRY
Monocytes	2.00	%	2-10	FLOW CYTOMETRY
Eosinophils	2.00	%	1-6	FLOW CYTOMETRY
Basophils ESR	0.00	%	<1-2	FLOW CYTOMETRY
Observed	20.00	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	10.00	Mm for 1st hr.	<9	
PCV (HCT)	36.60	%	40-54	
Platelet count				
Platelet Count	1.70	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	50.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.03	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	72.70	fl	80-100	CALCULATED PARAMETER
MCH	22.00	pg	27-32	CALCULATED PARAMETER
MCHC	30.30	%	30-38	CALCULATED PARAMETER
RDW-CV	16.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,260.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	142.00	/cu mm	40-440	

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Page 2 of 13











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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Un	it Bio. Ref. Interva	al Method
GLUCOSE FASTING ** , Plasma				
Glucose Fasting	103.70	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 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 = 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 **	120.00	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)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	103	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

Test Name	Result	Unit	Bio. Ref. Interval	Method

- 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. **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)	**
Sample	e:Serum	

10.60

mg/dL 7.0-23.0

CALCULATED





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	U	nit Bio	. Ref. Interval	Method
Interpretation:					
Note: Elevated BUN levels can be seen in t	he following:				
High-protein diet, Dehydration, Aging, Certain	medications Burns	Gastrointestin	nal (GI) bleed	ing	
	inculturini, Durin	, Gustioniesun			
Low BUN levels can be seen in the followin	ıg:				
Low-protein diet, overhydration, Liver disease.					
Creatinine ** Sample:Serum	0.90	mg/dl	0.7-1.30	MC	DDIFIED JAFFES
The cignificance of cingle constinues values		an or me namer	us muscle mas	ss. A Dauent with	a greater muscle
The significance of single creatinine value must mass will have a higher creatinine concentration absolute creatinine concentration. Serum creatin could be affected mildly and may result in anom lipemic.	The trend of seru nine concentrations alous values if seru	m creatinine co may increase v im samples hav	ncentrations o when an ACE ⁄e heterophilic	ver time is more inhibitor (ACE) antibodies, hemo	important than is taken. The assay olyzed, icteric or
mass will have a higher creatinine concentration absolute creatinine concentration. Serum creatin could be affected mildly and may result in anom	The trend of seru nine concentrations	m creatinine co may increase v	ncentrations o when an ACE	ver time is more inhibitor (ACE) antibodies, hemo	important than is taken. The assay
mass will have a higher creatinine concentration absolute creatinine concentration. Serum creatin could be affected mildly and may result in anom lipemic. Jric Acid **	a. The trend of seru nine concentrations alous values if seru 4.10	m creatinine co may increase v im samples hav	ncentrations o when an ACE ⁄e heterophilic	ver time is more inhibitor (ACE) antibodies, hemo	important than is taken. The assay olyzed, icteric or
mass will have a higher creatinine concentration absolute creatinine concentration. Serum creatin could be affected mildly and may result in anom lipemic. Jric Acid ** Sample:Serum Interpretation: Note:-	 a. The trend of serunine concentrations halous values if serunalous values va	m creatinine co may increase v im samples hav mg/dl	ncentrations o when an ACE /e heterophilic 3.4-7.0	ver time is more inhibitor (ACE) antibodies, hemo	important than is taken. The assay olyzed, icteric or
mass will have a higher creatinine concentration absolute creatinine concentration. Serum creatin could be affected mildly and may result in anom lipemic. Jric Acid ** Sample:Serum Interpretation: Note:- Elevated uric acid levels can be seen in the Drugs, Diet (high-protein diet, alcohol), Chronic	 a. The trend of serunine concentrations halous values if serunalous values va	m creatinine co may increase v im samples hav mg/dl	ncentrations o when an ACE /e heterophilic 3.4-7.0	ver time is more inhibitor (ACE) antibodies, hemo	important than is taken. The assay olyzed, icteric or
mass will have a higher creatinine concentration absolute creatinine concentration. Serum creatin could be affected mildly and may result in anom lipemic. Jric Acid ** Sample:Serum Interpretation: Note:- Elevated uric acid levels can be seen in the Drugs, Diet (high-protein diet, alcohol), Chronic LFT (WITH GAMMA GT) ** , Serum	a. The trend of seru nine concentrations alous values if seru 4.10 following: c kidney disease, H	m creatinine co may increase v im samples hav mg/dl	ncentrations o when an ACE re heterophilic 3.4-7.0 Desity.	ver time is more i inhibitor (ACE) antibodies, hemo UR	important than is taken. The assay olyzed, icteric or
mass will have a higher creatinine concentration absolute creatinine concentration. Serum creatin could be affected mildly and may result in anom lipemic. Jric Acid ** Sample:Serum Interpretation: Note:- Elevated uric acid levels can be seen in the Drugs, Diet (high-protein diet, alcohol), Chronic	 a. The trend of serunine concentrations halous values if serunalous values va	m creatinine co may increase v im samples hav mg/dl	ncentrations o when an ACE /e heterophilic 3.4-7.0	ver time is more i inhibitor (ACE) antibodies, hemo UR	important than is taken. The assay olyzed, icteric or
mass will have a higher creatinine concentration absolute creatinine concentration. Serum creatin could be affected mildly and may result in anom lipemic. Jric Acid ** <i>ample:Serum</i> Interpretation: Note:- Elevated uric acid levels can be seen in the Drugs, Diet (high-protein diet, alcohol), Chronic .FT (WITH GAMMA GT) ** , Serum SGOT / Aspartate Aminotransferase (AST)	 a. The trend of serunine concentrations values if serunal values values if serunal values if serunal values if serunal values if serunal values val	m creatinine co may increase v im samples hav mg/dl Hypertension, C U/L U/L	ncentrations o when an ACE re heterophilic 3.4-7.0 Desity.	ver time is more i inhibitor (ACE) antibodies, hemo UR UR IFC	important than is taken. The assay olyzed, icteric or NCASE
mass will have a higher creatinine concentration absolute creatinine concentration. Serum creatin could be affected mildly and may result in anom lipemic. Jric Acid ** Sample:Serum Interpretation: Note:- Elevated uric acid levels can be seen in the Drugs, Diet (high-protein diet, alcohol), Chronic IFT (WITH GAMIMA GT) ** , Serum SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT)	 The trend of seru nine concentrations values if seru 4.10 following: c kidney disease, F 18.50 19.90 	m creatinine co may increase v im samples hav mg/dl Hypertension, C	ncentrations o when an ACE re heterophilic 3.4-7.0 Obesity. < 35 < 40 11-50	ver time is more i inhibitor (ACE) antibodies, hemo UR UR IFC IFC OP	important than is taken. The assay olyzed, icteric or ICASE C WITHOUT P5P C WITHOUT P5P
mass will have a higher creatinine concentration absolute creatinine concentration. Serum creatin could be affected mildly and may result in anom lipemic. Jric Acid ** Sample:Serum Interpretation: Note:- Elevated uric acid levels can be seen in the Drugs, Diet (high-protein diet, alcohol), Chronic LFT (WITH GAMIMA GT) ** , Serum SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT)	A. The trend of seru nine concentrations halous values if seru 4.10 following: c kidney disease, F 18.50 19.90 34.10 6.90	m creatinine co may increase v im samples hav mg/dl Iypertension, C U/L U/L IU/L gm/dl	ncentrations o when an ACE re heterophilic 3.4-7.0 Obesity. < 35 < 40 11-50 6.2-8.0	ver time is more i inhibitor (ACE) antibodies, hemo UR UR IFC OP BIL	important than is taken. The assay olyzed, icteric or ICASE COMITHOUT P5P COMITHOUT P5P TIMIZED SZAZING
mass will have a higher creatinine concentration absolute creatinine concentration. Serum creatin could be affected mildly and may result in anom lipemic. Uric Acid ** Sample:Serum Interpretation: Note:- Elevated uric acid levels can be seen in the Drugs, Diet (high-protein diet, alcohol), Chronic LFT (WITH GAMIMA GT) ** , Serum SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein	A. The trend of seru nine concentrations alous values if seru 4.10 following: c kidney disease, F 18.50 19.90 34.10	m creatinine co may increase v im samples hav mg/dl Hypertension, C U/L U/L IU/L	ncentrations o when an ACE re heterophilic 3.4-7.0 Obesity. < 35 < 40 11-50	ver time is more i inhibitor (ACE) antibodies, hemo UR IFC IFC OP BIL B.C	important than is taken. The assay olyzed, icteric or ICASE C WITHOUT P5P C WITHOUT P5P TIMIZED SZAZING JRET



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	U	nit Bio. Ref. Int	terval Method
Alkaline Phosphatase (Total)	91.40	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	3.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.60	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	3.10	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	111.00	mg/dl	<200 Desirable 200-239 Borderline > 240 High	CHOD-PAP High
HDL Cholesterol (Good Cholesterol)	34.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	49	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Op 130-159 Borderline 160-189 High > 190 Very High	
VLDL	27.80	mg/dl	10-33	CALCULATED
Triglycerides	139.00	mg/dl	< 150 Normal 150-199 Borderline 200-499 High >500 Very High	GPO-PAP High

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Page 6 of 13

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE ** , u	Irino			
Color	PALE YELLOW			
Specific Gravity Reaction PH	1.010			DIPSTICK
	Acidic (6.5)			DIPSTICK
Appearance	CLEAR	ma m 0/	<10 Absorb	DIDCTICK
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	Serum-0.1-3.0 Urine-0.0-14.0	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	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
UGAR, FASTING STAGE ** , Urine				
Sugar, Fasting stage	ABSENT	gms%		



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Page 7 of 13







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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5 \\ (++) & 1-2 \\ (+++) & > 2 \end{array}$

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Page 8 of 13

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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	0.41	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)	120.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.73	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.730	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	µIU/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	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



Page 9 of 13







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Patient Name	: Mr.SANJAY KUMAR - 22E37717	Registered On	: 09/Nov/2024 08:44:01
Age/Gender	: 49 Y 9 M 10 D /M	Collected	: 09/Nov/2024 10:35:14
UHID/MR NO	: CVAR.0000057556	Received	: 09/Nov/2024 10:49:13
Visit ID	: CVAR0084722425	Reported	: 09/Nov/2024 14:47:22
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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. Sinton Dr.S.N. Sinha (MD Path)

View Reports on

Chandan 24x7 App









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

Patient Name	: Mr.SANJAY KUMAR - 22E37717	Registered On	: 09/Nov/2024 08:44:02
Age/Gender	: 49 Y 9 M 10 D /M	Collected	: 2024-11-09 12:22:29
UHID/MR NO	: CVAR.0000057556	Received	: 2024-11-09 12:22:29
Visit ID	: CVAR0084722425	Reported	: 09/Nov/2024 12:24:07
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

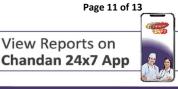
- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**



Dr Raveesh Chandra Roy (MD-Radio)





Home Sample Collection 08069366666

View Reports on





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

Patient Name	: Mr.SANJAY KUMAR - 22E37717	Registered On	: 09/Nov/2024 08:44:02
Age/Gender	: 49 Y 9 M 10 D /M	Collected	: 2024-11-09 09:11:09
UHID/MR NO	: CVAR.0000057556	Received	: 2024-11-09 09:11:09
Visit ID	: CVAR0084722425	Reported	: 09/Nov/2024 09:37:41
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size (**13.3 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 (9.9 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**3.9 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

- <u>Right kidney:-</u>
 - Right kidney size ~ 10.4 x 3.4 cms. Hyperechoic focus measuring 9.0 x 6.6 mm in size is noted in lower collecting system of kidney. Lower calyx is dilated.
 - Cortical echogenicity is normal. Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

• Left kidney:-

- Left kidney is normal in size, measuring ~ 10.1 x 3.8 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.











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

Patient Name	: Mr.SANJAY KUMAR - 22E37717	Registered On	: 09/Nov/2024 08:44:02
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Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

SPLEEN

• The spleen is normal in size (~ 11.2 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 ~ 44 cc.

PROSTATE

• The prostate gland is normal in size (~ 33 x 31 x 28 mm / 15 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

- RIGHT RENAL CALCULUS
- REST OF THE ABDOMINAL ORGANS ARE NORMAL

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, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT)





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 * 365 Days Open *Facilities Available at Select Location

Facilities Available at Select Location Page 13 of 13



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Government of India

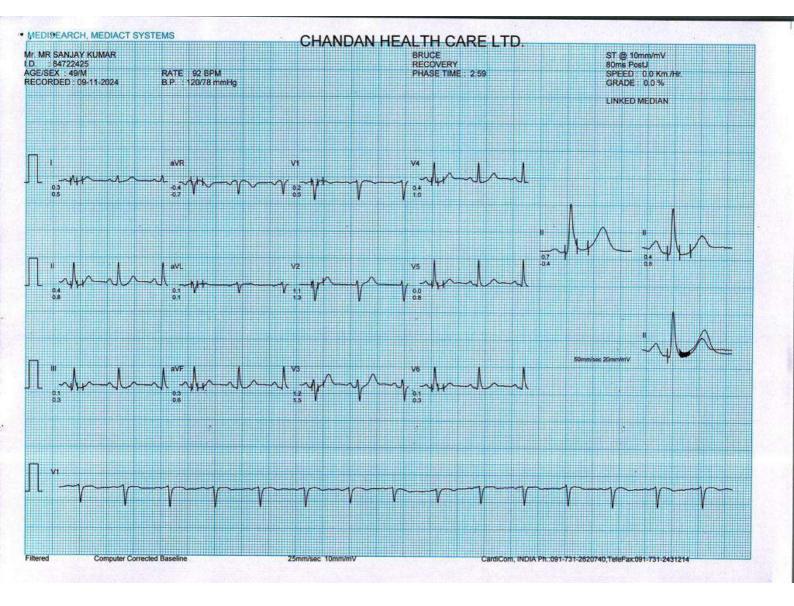


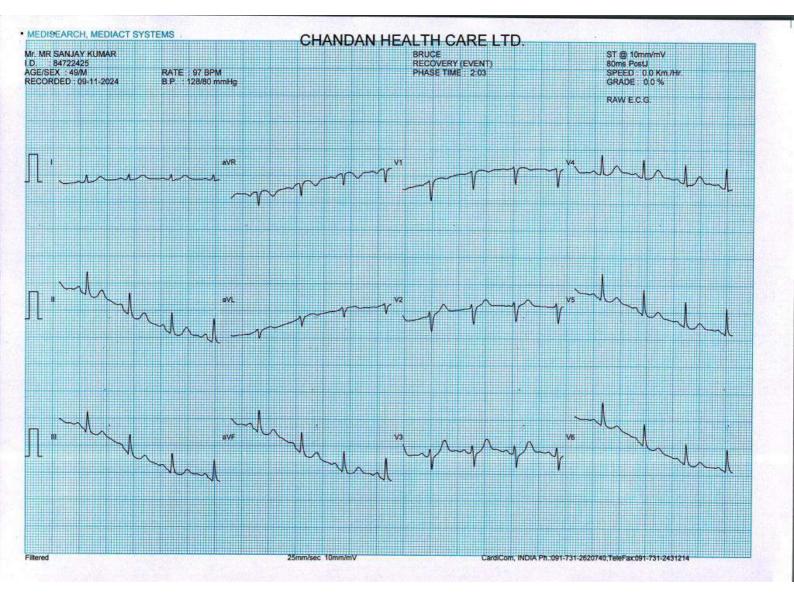


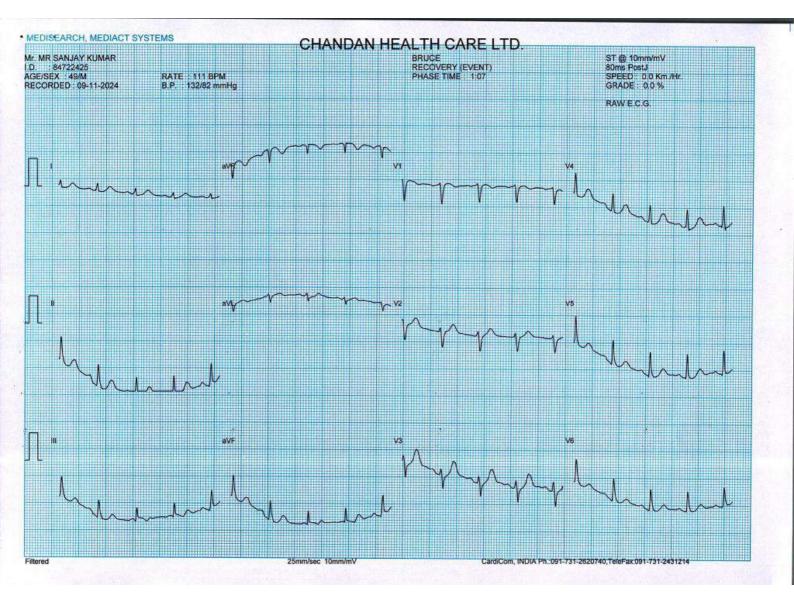
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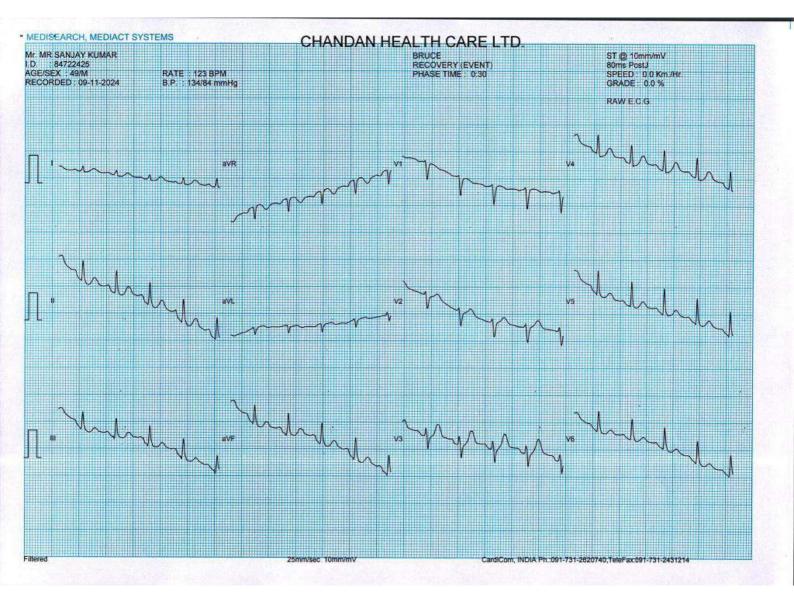
2877 1617 6345 VID: 9141 4846 1218 0853 मेरा आधार, मेरी पहचान

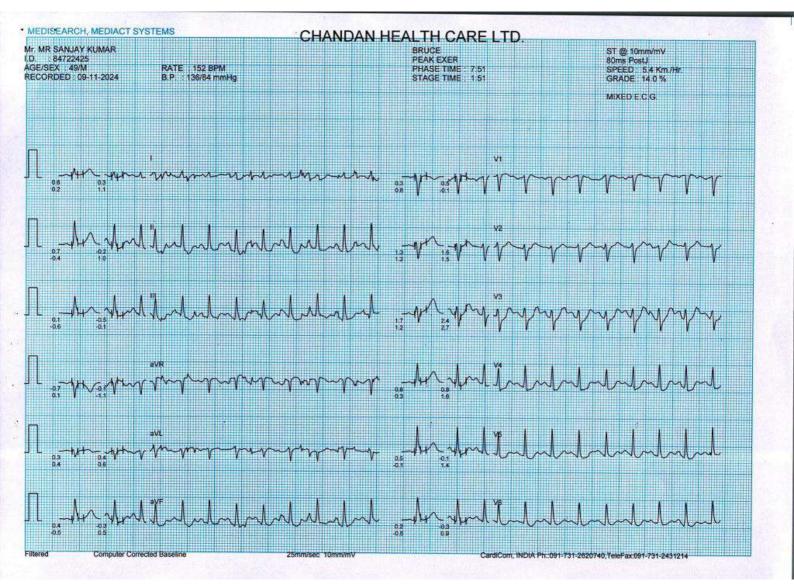
Mr. MR SANJAY KUMAR Age/Sex : 49/M Ref. by : MEDIWHEEL Indication 1 :			ID: 84722425 Ht/Wt: 185/63 Recorded: 09-11	-2024		AGAR MAHMOORGANJ VARANASI-9839703068 TREADMILL TEST SUMMARY REPORT Protocol: BRUCE History: Medication 1 :					
ndication2 : ndication3 :						Medication2 : Medication3 :					
PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	I	ST LEVEL (mm) V2	V5 ^N	IETS
SUPINE HYPERVENT VALSALVA STANDING SUPINE	0:01	0:01			65 66 65 65 65	110/76 110/76 110/76 110/76 110/76	71 72 71 71 71 71	0.9 0.9 0.7 0.7 0.7	1.4 1.4 1.3 1.3 1.3	0.6 0.6 0.5 - 0.5 0.5	
STAGE 1 STAGE 2 EVENT	2:59 5:59 7:48	2:59 2:59 1:48	2.70 4.00 5.40	10.00 12.00 14.00	110 128 152	120/80 130/82 136/84	132 166 206	0.8 0.5 0.2	1.3 1.4 1.9	0.6	4.80 7.10 8.85
PEAK EXER	7:51	1:51			152	136/84	206	-0.2	1.6	-0.1	8.90
EVENT EVENT EVENT RECOVERY	0.30 - 1.07 2.03 2.59	0:30 1:07 2:03 2:59	0.00 0.00 0.00 0.00	0 00 0.00 0.00 0.00	123 111 97 92	134/84 132/82 128/80 120/78	164 146 124 110	0.1 0.3 0.2 0.4	1.8 1.7 1.1 1.1	0.4 0.4 0.1 0.0	
RESULTS Exercise Duration Max Heart Rate Max Blood Pressure Max Work Load Reason of Terminatio	1	7:51 Minutes 152 bpm 88 % of t 136/84 mmHg 8:90 METS	arget heart rate 17	'1 bpm -) TM	it is	negat	ile f	euse. 1eo ia	nsible	
MPRESSIONS	15 15		6		-) 0.00 -) 9.00	d bur poiss	etton. e No	al co	pacity No wo	chorator.	idi Ìcy
				-	-> Core C.		Dr. Balaji BBS, MD DM-(CA	Lohiya (MED) (RDIO) 14859		Crist	

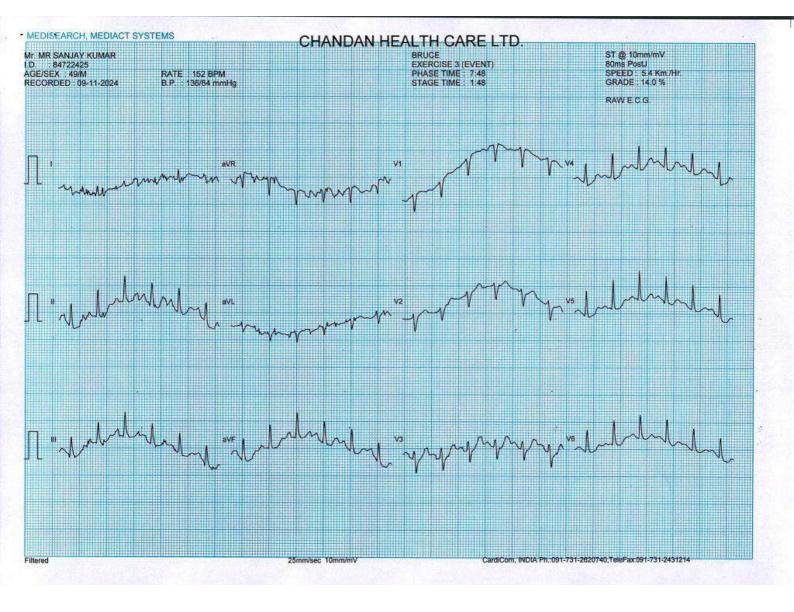


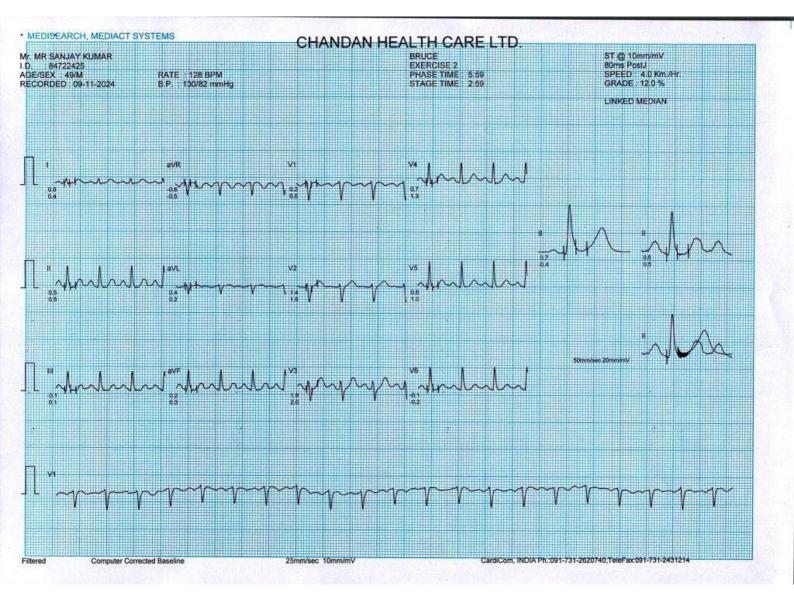


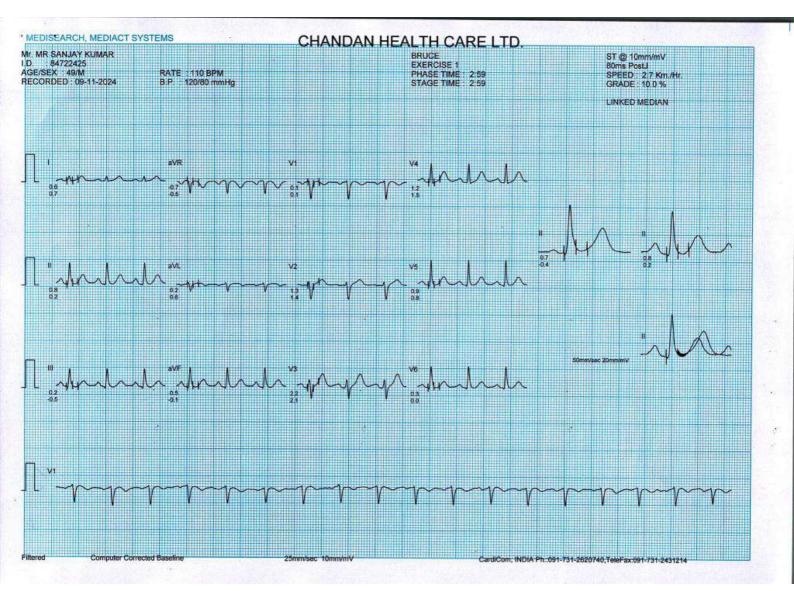


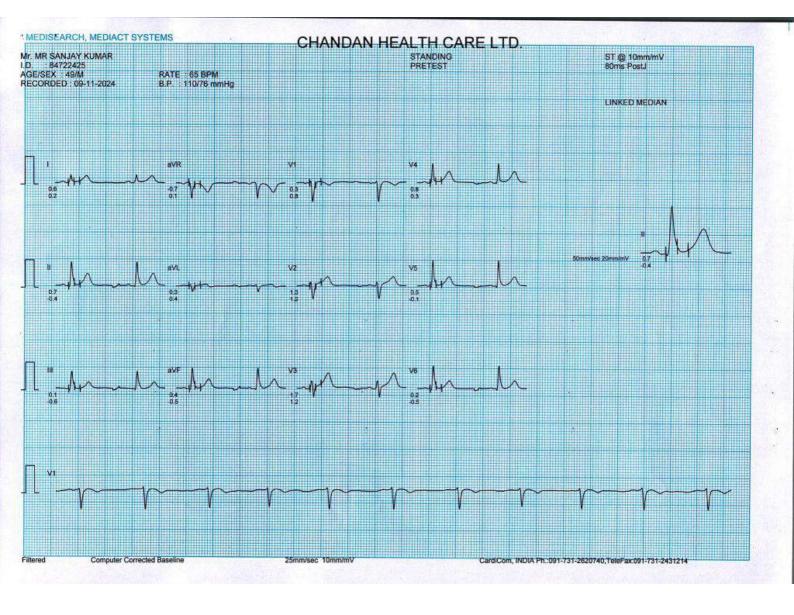


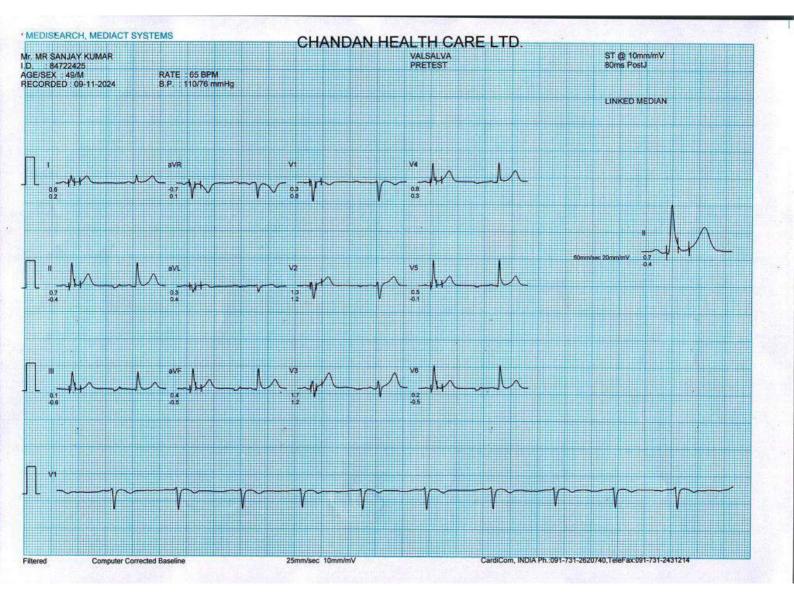


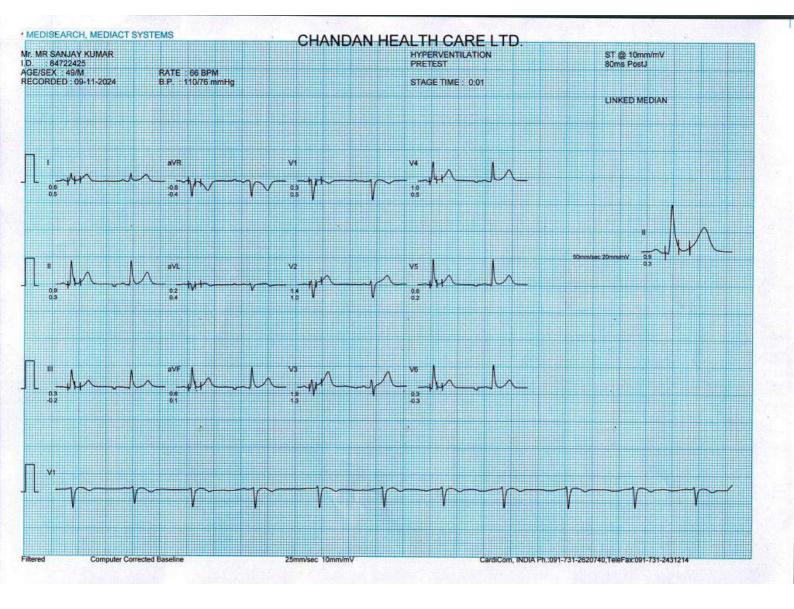


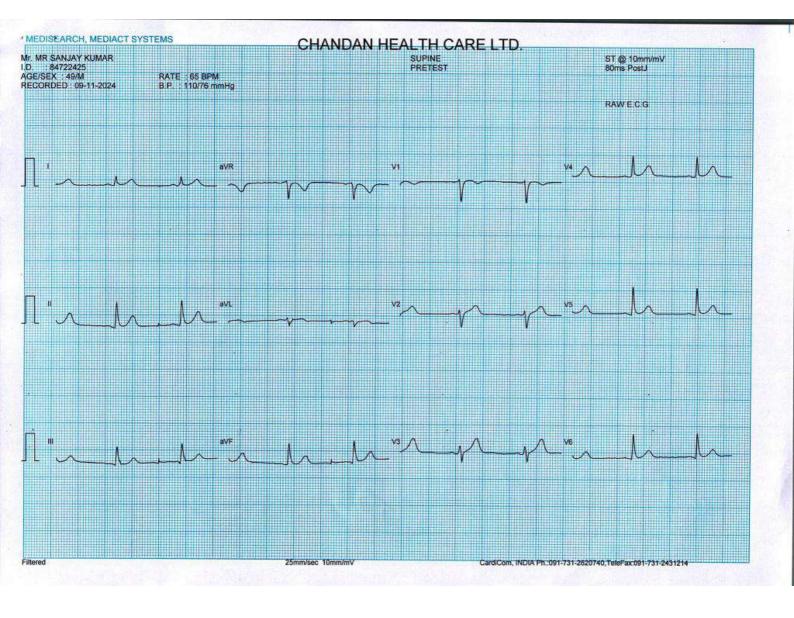














Near vision: H19
Far vision : G/C
Dental check up : Man
ENT Check up : our
Eye Checkup: Man
Final impression
Certified that I examined
is presently in good health and free from any
cardio-respiratory/communicable ailment, he/she is fit / Unfit- to join any
organization.

Client Signature :-

Dr. R.C. ROY MBBS., MD. (Radio Diagnosis) Bag. No.-26918

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

Signature of Medical Examiner







