

CHANDAN DIAGNOSTIC CENTRE

Name of Company: *Mediwheel*
Name of Executive: *Ashcharya Kumar*
Date of Birth: *28/11/1988*
Sex: Male / Female
Height: *178* CMs
Weight: *80* KGs
BMI (Body Mass Index) : *25.2*
Chest (Expiration / Inspiration) *95 / 98* CMs
Abdomen: *96* CMs
Blood Pressure: *129 / 76* mm/Hg
Pulse: *76* BPM - Regular / Irregular
Ident Mark: *Mole on Right forearm.*
Any Allergies: *No*
Vertigo : *No*
Any Medications: *No*
Any Surgical History: *Post Cholecystectomy status*
Habits of alcoholism/smoking/tobacco: *occasionally*
Chief Complaints if any: *No*
Lab Investigation Reports: *Report attach*
Eye Check up vision & Color vision: *Normal*
Left eye: *Normal*
Right eye: *Normal*

CHANDAN DIAGNOSTIC CENTRE

Near vision: *M16*

Far vision : *616*

Dental check up : *Normal*

ENT Check up : *Normal*

Eye Checkup: *Normal*

Final impression

Certified that I examined..... *Ashcharya Kumar* S/o or D/o
..... is presently in good health and free from any
cardio-respiratory/communicable ailment, ~~he/she~~ is *fit* / **Unfit** to join any
organization.

[Handwritten Signature]

Client Signature :-

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

[Handwritten Signature]

.....
Signature of Medical Examiner

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

Date.....*26*...../.....*10*...../2024

Place - VARANASI

CHANDAN DIAGNOSTIC CENTRE
455/6, (H G Complex), KANCHANPUR,
CHITTAIPUR, VARANASI, UP 221005



भारत सरकार

Government of India



आधार

Issue Date: 27/03/2012



आश्चर्य कुमार
Ashcharya Kumar

जन्म तिथि / DOB : 28/11/1988

पुरुष / MALE



5048 7373 6058

मेरा आधार, मेरी पहचान



5, Kanchanpur Rd, Kanchanpur Petrol Pump,
Gokul Nagar, DLW Colony, Chitaipur, Varanasi,
Kanchanpur, Uttar Pradesh 221005, India

Latitude

25.274097°

Longitude

82.967362°

LOCAL 09:15:23

GMT 03:45:23

SATURDAY 10.26.2024

ALTITUDE 36 METER



CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr.ASHCHARYA KUMAR -22E36081	Registered On	: 26/Oct/2024 08:40:30
Age/Gender	: 35 Y 10 M 28 D /M	Collected	: 26/Oct/2024 09:30:27
UHID/MR NO	: CVA1.0000002765	Received	: 26/Oct/2024 09:32:12
Visit ID	: CVA10028332425	Reported	: 26/Oct/2024 11:47:33
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
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Blood Group (ABO & Rh typing) , Blood

Blood Group	AB			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) , 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)	4,800.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	49.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	42.00	%	20-40	FLOW CYTOMETRY
Monocytes	6.00	%	2-10	FLOW CYTOMETRY
Eosinophils	2.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	< 1-2	FLOW CYTOMETRY
ESR				
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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Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Later gestation - 70 (95 if anaemic)	
Corrected	2.00	Mm for 1st hr.	< 9	
PCV (HCT)	48.00	%	40-54	
Platelet count				
Platelet Count	1.51	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	47.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.44	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.20	fL	80-100	CALCULATED PARAMETER
MCH	28.00	pg	27-32	CALCULATED PARAMETER
MCHC	31.80	%	30-38	CALCULATED PARAMETER
RDW-CV	14.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,352.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	96.00	/cu mm	40-440	

S.N. Sinha

Dr.S.N. Sinha (MD Path)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

Glucose Fasting	101.90	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.

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 <i>Sample: Plasma After Meal</i>	108.60	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	114	mg/dl	

Interpretation:

NOTE:-

- eAG is directly related to A1c.





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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 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

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





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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:

Low-protein diet, overhydration, Liver disease.

Creatinine	1.00	mg/dl	0.7-1.30	MODIFIED JAFFES
<i>Sample:Serum</i>				

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	3.4-7.0	URICASE
<i>Sample:Serum</i>				

Interpretation:

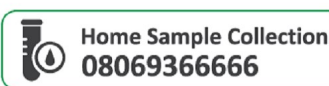
Note:-

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)	36.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	57.60	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	37.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.40	gm/dl	6.2-8.0	BIURET
Albumin	4.20	gm/dl	3.4-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.91		1.1-2.0	CALCULATED





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Alkaline Phosphatase (Total)	78.40	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.70	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	221.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	64.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	103	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	53.20	mg/dl	10-33	CALCULATED
Triglycerides	266.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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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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URINE EXAMINATION, ROUTINE , Urine

Color	PALE YELLOW			
Specific Gravity	1.010			
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	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	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

STOOL, ROUTINE EXAMINATION , Stool

Color	BROWNISH
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Consistency	SEMI SOLID			
Reaction (PH)	Basic (8.0)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	1-2/h.p.f			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

SUGAR, FASTING STAGE , Urine

Sugar, Fasting stage ABSENT gms%

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%

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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 <i>Sample: Serum</i>	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)	130.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	7.85	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.350	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





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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.

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UHID/MR NO	: CVA1.0000002765	Received	: 2024-10-26 11:14:42
Visit ID	: CVA10028332425	Reported	: 26/Oct/2024 11:16:04
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)





CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr.ASHCHARYA KUMAR -22E36081	Registered On	: 26/Oct/2024 08:40:32
Age/Gender	: 35 Y 10 M 28 D /M	Collected	: 2024-10-26 09:33:55
UHID/MR NO	: CVA1.0000002765	Received	: 2024-10-26 09:33:55
Visit ID	: CVA10028332425	Reported	: 26/Oct/2024 09:34:35
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

- Normal in size (**13.0 cm**), shape, & shows diffusely raised echogenicity. Intra & extra hepatic biliary radicals & vascular structures are normal. Margins are smooth and regular

GALL BLADDER

- Gb not visualized .(post cholecystectomy status)

PORTAL SYSTEM

- Normal in course and caliber (**7.7 mm**).

BILIARY SYSTEM

- Visualized part normal in course & caliber (**4.5 mm**).

PANCREAS

- Normal in size, shape & echogenicity. Margins are smooth & regular. No diffuse/ focal lesion seen. Pancreatic duct not visualized.

KIDNEYS

- Right kidney:- (**9.7 x 4.3 cm**), Left kidney:- (**9.5 x 4.4 cm**).
- Both normal in size, shape echogenicity & position. Cortical-medullary differentiation
- Pelvicalyceal system normal. No evidence of any calculus/mass lesion seen.
- No hydronephrosis/hydroureter seen. No suprarenal mass lesion

SPLEEN

- Normal in size (**11.5 cm**), shape & echogenicity. Margins are smooth & regular. No diffuse / focal lesion seen. Splenic vessels at hilum is normal.

URINARY BLADDER

- Normally distended with normal wall thickness. No echogenic foci lumen or diverticula seen.
- Both VUJ appears normal. No evidence of calculus / mass lesion seen.

PROSTATE

- Normal in size **3.0 x 3.9 x 2.4 cm, vol 16 gm**, shape & echogenicity.





CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

OTHERS

- No free fluid in peritoneal cavity.
- No free fluid in bilateral pleural cavity.
- No evidence of significantly enlarged retroperitoneal/ mesenteric lymph nodes noted

FINAL IMPRESSION:-

- **FATTY LIVER GRADE I.**

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, VARANASI, CHITAI PUR

Result/s to Follow:

ECG / EKG, Tread Mill Test (TMT)



Dr Priyam Agarwal MBBS MD (Radiology)

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

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Home Sample Collection
08069366666

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Chandan 24x7 App



CHANDAN DIAGNOSTIC CENTRE-1, CHITAIPUR, VARANASI

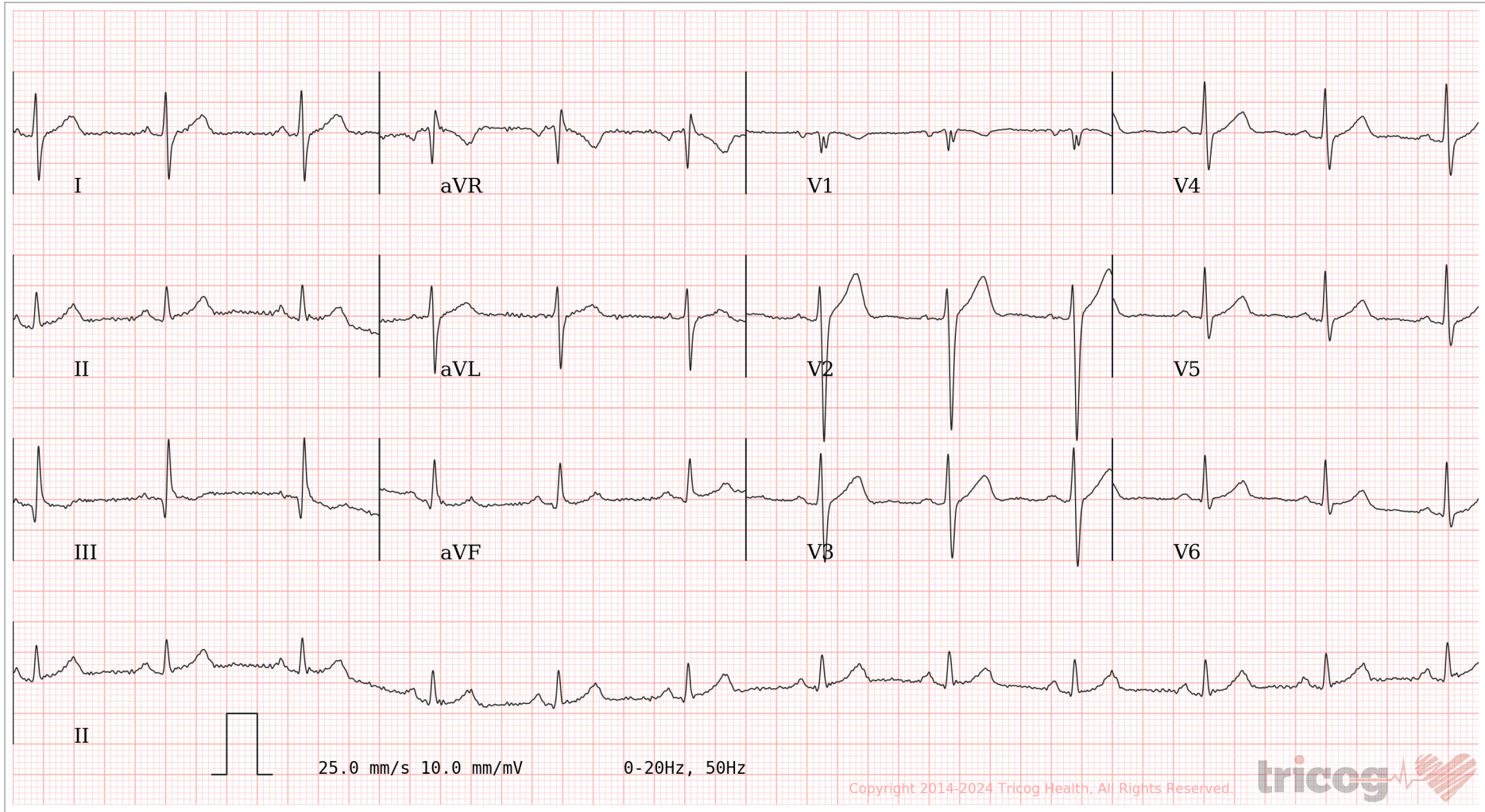


Age / Gender: 35/Male

Date and Time: 26th Oct 24 9:23 AM

Patient ID: CVA10028332425

Patient Name: Mr.ASHCHARYA KUMAR -22E36081



AR: 71bpm

VR: 71bpm

QRSD: 92ms

QT: 372ms

QTcB: 404ms

PRI: 146ms

P-R-T: 44° 98° 37°

Sinus Rhythm, Right Axis Deviation. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Arundhati Muragoji

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.

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