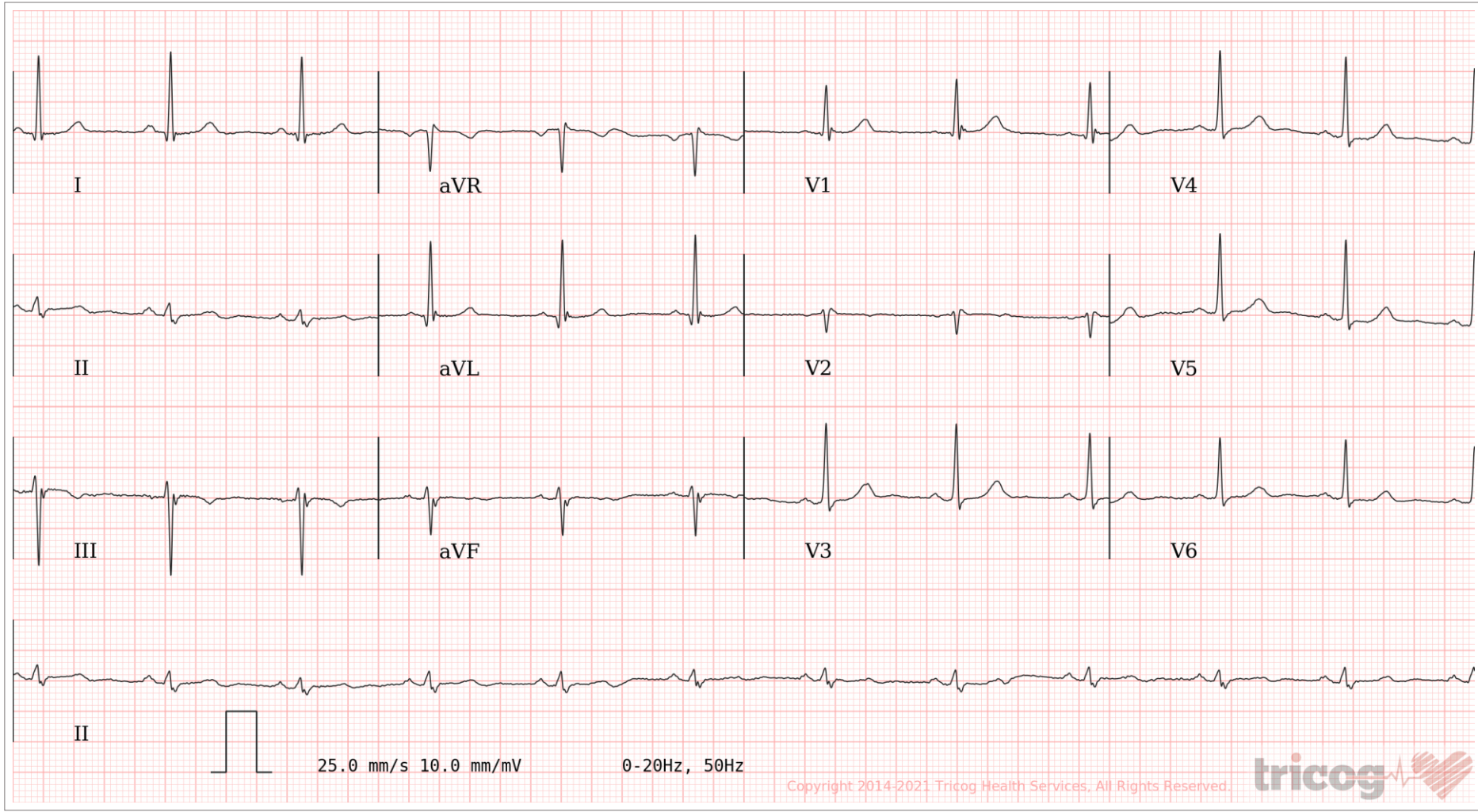
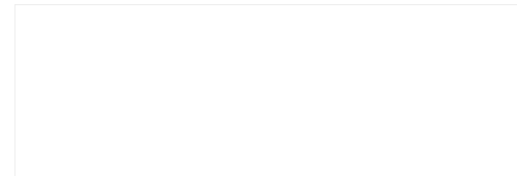




Age / Gender: 37/Male  
Patient ID: CVAR0052772122  
Patient Name: Mr.MAHESH KUMAR  
CHAUDHARY-PKG100002389

Date and Time: 20th Aug 21 10:19 AM



AR: 70 bpm    VR: 70 bpm    QRSD: 94 ms    QT: 380 ms    QTc: 410 ms    PRI: 138 ms    P-R-T: 30° -27° -5°


Sinus Rhythm, Normal Axis, Voltage Criteria for Left Ventricular Hypertrophy. Please correlate clinically.

AUTHORIZED BY  
  
Dr. Charit  
MD, DM: Cardiology

REPORTED BY  
  
Dr. Prashant Valecha





 stool, sample not given.

Malik  
20/08/21





## CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediwheel

Name of Executive: Mahesh Kumar Choudhary

Date of Birth: 01-07-1984

Sex: Male

Height: 176 cm.

Weight: 60 kg. BMI-19.4

Chest (Expiration / Inspiration) 81 / 85 cm

Abdomen: 73 cm

Blood Pressure: 106 / 68

Pulse: 78 BPM, Regular

RR: 20 Resp/Min.

Ident Mark: Mole on Lt Hand - Little finger

Any Allergies: (Sinusitis) - Homopathic Med - 4 Yrs - Dr. A.P. Yadav

Vertigo: Normal

BMI (Body Mass Index): 1

Any Medications: Sinusitis / Runy Nose - Homopathic Med - 4 Yrs on Dr. A.P. Yadav

Any Surgical History: No

Habits of alcoholism/smoking/tobacco: No

Chief Complaints if any: No

Lab Investigation Reports: Yes Attached

Eye Check up vision & Color vision: Normal

Left eye: Normal

Right eye: Normal

Near vision: Normal.



## CHANDAN DIAGNOSTIC CENTRE

Far vision : *Normal*  
ENT consultation : *Sinoritis - 4yr* → *(Mild Hearing loss - 4yr)*  
*Both ear*  
Dental Checkup : *Normal*  
Eye Checkup : *Normal*

### Final impression

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

### Client Signature

*Manish*

*[Signature]*

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

Signature of Medical Examiner

Name & Qualification *Dr R C Roy, MBBS, MD*  
Date *20.8.21* Place *W.S.*





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MAHESH KUMAR CHAUDHARY-PKG100002	Registered On	: 20/Aug/2021 10:09:39
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: 20/Aug/2021 10:43:14
UHID/MR NO	: CVAR.0000021244	Received	: 20/Aug/2021 10:54:21
Visit ID	: CVAR0052772122	Reported	: 20/Aug/2021 13:28:18
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	B
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	14.60	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	4,300	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

#### DLC

Polymorphs (Neutrophils )	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	40.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	6.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE

#### ESR

Observed	10.00	Mm for 1st hr.
Corrected	6.00	Mm for 1st hr. < 9
PCV (HCT)	41.30	cc % 40-54

#### Platelet count

Platelet Count	1.0	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.06	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	4.39	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MAHESH KUMAR CHAUDHARY-PKG100002	Registered On	: 20/Aug/2021 10:09:39
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## DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	93.90	fl	80-100	CALCULATED PARAMETER
MCH	33.10	pg	28-35	CALCULATED PARAMETER
MCHC	35.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>2,150.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	258.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)







# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MAHESH KUMAR CHAUDHARY-PKG100002	Registered On	: 20/Aug/2021 10:09:40
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: 20/Aug/2021 10:43:14
UHID/MR NO	: CVAR.0000021244	Received	: 20/Aug/2021 10:54:21
Visit ID	: CVAR0052772122	Reported	: 20/Aug/2021 14:02:24
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose Fasting</b> <i>Sample:Plasma</i>	68.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

#### 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.

<b>Glucose PP</b> <i>Sample:Plasma After Meal</i>	125.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	106	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.





# CHANDAN DIAGNOSTIC CENTRE

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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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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 G8 90 SL TOSOH 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.

<b>BUN (Blood Urea Nitrogen) *</b>	7.30	mg/dL	7.0-23.0	CALCULATED
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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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Sample:Serum

<b>Creatinine</b>	1.00	mg/dl	0.7-1.3	MODIFIED JAFFES
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Sample:Serum

<b>e-GFR (Estimated Glomerular Filtration Rate)</b>	104.00	ml/min/1.73m <sup>2</sup>	90-120 Normal 60-89 Near Normal	CALCULATED
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Sample:Serum

<b>Uric Acid</b>	3.90	mg/dl	3.4-7.0	URICASE
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Sample:Serum

#### L.F.T.(WITH GAMMA GT) \* , Serum

SGOT / Aspartate Aminotransferase (AST)	20.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	26.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	18.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.80	gm/dl	6.2-8.0	BIRUET
Albumin	4.00	gm/dl	3.8-5.4	B.C.G.
Globulin	2.80	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.43		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	68.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.40</b>	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) \* , Serum

Cholesterol (Total)	138.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	78	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL Triglycerides	24.00	mg/dl	10-33	CALCULATED
	120.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



S.N. Sinha  
Dr.S.N. Sinha (MD Path)







# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MAHESH KUMAR CHAUDHARY-PKG100002	Registered On	: 20/Aug/2021 10:09:39
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: 20/Aug/2021 14:24:34
UHID/MR NO	: CVAR.0000021244	Received	: 20/Aug/2021 14:26:27
Visit ID	: CVAR0052772122	Reported	: 20/Aug/2021 14:27:32
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 6.5 )			DIPSTICK
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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
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:

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





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MAHESH KUMAR CHAUDHARY-PKG100002	Registered On	: 20/Aug/2021 10:09:39
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Visit ID	: CVAR0052772122	Reported	: 20/Aug/2021 14:27:32
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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
-----------	--------	------	--------------------	--------

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

Sugar, PP Stage ABSENT

#### Interpretation:

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



S.N. Sinha

Dr.S.N. Sinha (MD Path)







# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MAHESH KUMAR CHAUDHARY-PKG100002	Registered On	: 20/Aug/2021 10:09:39
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: 20/Aug/2021 10:43:14
UHID/MR NO	: CVAR.0000021244	Received	: 20/Aug/2021 14:33:22
Visit ID	: CVAR0052772122	Reported	: 20/Aug/2021 14:41:05
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## 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)	104.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.53	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

- 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.



S.N. Sinha  
Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MAHESH KUMAR CHAUDHARY-PKG100002	Registered On	: 20/Aug/2021 10:09:41
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000021244	Received	: N/A
Visit ID	: CVAR0052772122	Reported	: 20/Aug/2021 11:05:20
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

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

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

- The liver measures 11.3 cm in mid clavicular line. It is normal in shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein measures 12 mm in caliber. CBD measures 4 mm in caliber.
- Pancreas is normal in size, shape and echogenicity.
- Spleen is normal in size ( 8.6 cm in its long axis), shape and echogenicity.
- Right kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated. Right kidney measures : 10.0 x 4.1 cm.
- Left kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated. Left kidney measures : 9.6 x 4.4 cm.
- Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen. Prevoid urine volume 212 cc.
- The prostate is normal in size ( 36 x 27 x 28 mm/ 11 gms), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

**IMPRESSION : No significant abnormality seen.**

**Please correlate clinically**

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, X-RAY DIGITAL CHEST PA



  
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: 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







भारत सरकार

GOVERNMENT OF INDIA



महेश कुमार चौधरी

Mahesh Kumar Chaudhary

जन्म वर्ष / Year of Birth : 1984

पुरुष / Male



3259 4567 8730

**आधार** — आम आदमी का अधिकार



D63/6B-99, Shivaji Nagar Colony,  
Mahmoorganj, Varanasi, Uttar Pradesh  
22 10 10, India

Latitude

25.3054 10°

Longitude

82.979087°

LOCAL 10:31:55

GMT 05:01:55

FRIDAY 08.20.2021

ALTITUDE 19 METER