


भारत सरकार
GOVERNMENT OF INDIA


विजय उपाध्याय
VIJAY UPADHYAYA
जन्म तिथि/ DOB: 15/02/1985
पुरुष / MALE



9517 9291 6152

मेरा आधार, मेरी पहचान

Copy


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O जिवन चन्द्र उपाध्याय, हाउस न.317, वॉर्ड न.9, लखनपुर, रामनगर रेंज, नैनीताल, उत्तराखण्ड - 244715	Address: S/O JEEVAN CHANDRA UPADHYAYA, House No.317, Ward No.9, Lakhanpur, Ramnagar Range, Nainital, Uttarakhand - 244715
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 P.O. Box No. 1947,
 Bengaluru-560 001

Vineet Modi
Dr. VINEET MODI
MBBS
Reg.: UMC.- 9575
Chandan Diagnostic Centre, Haldwani

GENERAL PHYSICAL EXAMINATION

NAME OF COMPANY... Bank of Baroda DATE... 26/6/2021
 CLIENT NAME... VIJAY UPADHYAYA /o, d/o. Jayans Chandra Upadhyaya
 DATE OF BIRTH... 15/02/1985 AGE... 36 YEARS.....
 ADDRESS... Unchawal, Haridwar (Musical).....
 PHONE NO. 9997886796 OCCUPATION... Prof.....
 PHOTO ID... Admn card NO. 957792916152.....
 MARITAL STATUS... married.....

MARK OF IDENTIFICATION... mark on right wrist.....
 HEIGHT 172 cm WEIGHT 60 kg BMI 20.3.....
 CHEST EXP... 87 cm CHEST INS. 94 cm ABDOMEN... 78 cm
 WAIST 88 cm HIP 86 cm
 BLOOD PRESSURE... 110/90 PULSE RATE... 86/min.....
 RESPIRATION RATE... 18/min

FAIMY HISORY	AGE OF LIVING	AGE AT DEATH	STATUS	YEAR
FATHER	60		Healthy	
MOTHER	57		Healthy	
BROTHER	33		Healthy	
SISTER	34, 38		Healthy	
WIFE/HUSBAND	32		Healthy	
DEFORMITIES	33, 38			

POLIO YES/NO IF YES GIVE DETAILS
 PARALYSIS YES/NO IF YES GIVE DETAILS

HISTORY OF CLIENT

IF YES , GIVE DETAILS

TAKING MEDICINE
EYE VISION
DENTAL CHECKUP
BLOOD PRESSURE
DIABETES
THYROID
SURGERY
GALL BLADDER
APPENDIX
HARNIA
HYDROCLE
CATRACT
OPEN HEART SURGERY
BY PASS SURGERY
ANGIOGRAPHY
PILES
FISTULA
ACCIDENT
UTERUS

YES/NO ✓
6/6 - N=6
✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓
YES/NO ✓

HABITS

IF YES, GIVE DETAILS

SMOKING
ALCOHOL
PAN MASALA

YES/NO ✓
YES/NO ✓
YES/NO ✓

NUMBER OF CHILD..... DATE OF BIRTH OF LAST BABY.....

I am giving my blood sample empty stomach YES/NO ✓

URINE sample YES/NO ✓

ECG YES/NO ✓

FINAL IMPRESSION:

Certified that I examined that Vijay Upadhyay s/o J.C. Upadhyay.....is presently in good health and free from any cardio-respiratory/ communicable ailment and in my opinion, he is **fit** / **unfit** to join any organization.

Chandan
Client Signature

Vineet Modi
Dr. VINEET MODI
MBBS

Reg.: UMC.- 9575
Chandan Diagnostic Centre, Haldwani
Signature of Medical Examiner

Name & Qualification of the medical examiner



CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: 9235400975
CTN: U85110DL2003PLC308206



Patient Name	: Mr. VIJAY UPADHYAYA BOBE1316	Registered On	: 26/Jun/2021 08:21:50
Age/Gender	: 36 Y 4 M 9 D /M	Collected	: 26/Jun/2021 08:29:50
UHID/MR NO	: CHLD.0000067646	Received	: 26/Jun/2021 09:14:03
Visit ID	: CHLD0025482122	Reported	: 26/Jun/2021 11:54:29
Ref Doctor	: Dr. Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BABODA 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	15.90	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	4,700.00	/Cu mm	4000-10000	MICROSCOPIC EXAMINATION
DLC				
Polymorphs (Neutrophils)	58.00	%	55-70	MICROSCOPIC EXAMINATION
Lymphocytes	37.00	%	25-40	MICROSCOPIC EXAMINATION
Monocytes	1.00	%	3-5	MICROSCOPIC EXAMINATION
Eosinophils	4.00	%	1-6	MICROSCOPIC EXAMINATION
Basophils	0.00	%	< 1	MICROSCOPIC EXAMINATION
ESR				
Observed	2.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 9	
PCV (HCT)	47.00	cc %	40-54	
Platelet count				
Platelet Count	1.30	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION
RBC Count				
RBC Count	5.32	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	89.20	fl	80-100	CALCULATED PARAMETER
MCH	29.80	pg	28-35	CALCULATED PARAMETER
MCHC	33.40	%	30-38	CALCULATED PARAMETER

[Signature]

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MD Pathologist

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Visit ID	: CHLD0025482122	Reported	: 26/Jun/2021 14:04:35
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
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Glucose Fasting Sample: Plasma	100.21	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

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

Glucose PP Sample: Plasma After Meal	118.78	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 diabetes 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)	5.60	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	38.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	114	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.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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 HbA1G 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.

BUN (Blood Urea Nitrogen) *

7.02

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

Creatinine	1.03	mg/dl	0.7-1.3	MODIFIED JAFFES
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Sample: Serum

e-GFR (Estimated Glomerular Filtration Rate)	87.00	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
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Sample: Serum

Uric Acid	6.22	mg/dl	3.4-7.0	URICASE
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Sample: Serum

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

SGOT / Aspartate Aminotransferase (AST)	35.03	U/L	< 35	IFCC WITHOUT PSP
SGPT / Alanine Aminotransferase (ALT)	40.89	U/L	< 40	IFCC WITHOUT PSP
Gamma GT (GGT)	16.86	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.65	gm/dl	6.2-8.0	BIRUET
Albumin	4.07	gm/dl	3.8-5.4	B.C.G.
Globulin	2.58	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.58		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	94.64	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.18	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.58	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) * , Serum

Cholesterol (Total)	172.95	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	109	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	26.77	mg/dl	10-33	CALCULATED
Triglycerides	133.87	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr Vinod Ojha
MD Pathologist

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Age/Gender	: 36 Y 4 M 9 D /M	Collected	: 26/Jun/2021 13:40:22
UHID/MR NO	: CHLD.0000067646	Received	: 26/Jun/2021 13:46:51
Visit ID	: CHLD0025482122	Reported	: 26/Jun/2021 14:21:08
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	1.020			
Reaction PH	Acidic (6.0)			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			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			MICROSCOPIC EXAMINATION
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			MICROSCOPIC EXAMINATION

STOOL, ROUTINE EXAMINATION * , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT

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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
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
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

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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Dr. Sekshi Garg Taval (MBBS, MD
Pathology PDCC (Urinary Pathology))



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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)	136.29	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.88	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.81	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.

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Patient Name	: Mr. VIJAY UPADHYAYA BOBE1316	Registered On	: 26/Jun/2021 08:21:52
Age/Gender	: 36 Y 4 M 9 D /M	Collected	: N/A
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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BABODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA **

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW:-

- Trachea is central in position
- Bilateral hilar shadows are normal
- Bilateral lung fields appear grossly unremarkable.
- Pulmonary vascularity & distribution are normal.
- Cardiac size & contours are normal.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Bony cage is normal.
- Soft tissue shadow appears normal.

IMPRESSION:- NORMAL SKIAGRAM IN PRESENT SCAN.

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(Signature)

Dr. Manoj Taya (MD Radiodiagnosis)
(PDCC Interventional Radiology)
Formerly at: AIIMS BISHKIM,
BHW DEHRADUN,
STM HALDWANI



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Visit ID	: CHLD0025482122	Reported	: 27/Jun/2021 10:57:26
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) **

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size (~12.4 cms in longitudinal span) and has a normal homogenous echo texture. No focal lesion is seen. (Note:- Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is 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 ~9.6x4.6 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 ~9.7x4.3 cms.
- Cortical echogenicity is normal.
- Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appear normal.





CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: 9235400975

CTN : U85110DL2003PLC308206



Patient Name	: Mr. VIJAY UPADHYAYA BOBE1316	Registered On	: 26/Jun/2021 08:21:52
Age/Gender	: 36 Y 4 M 9 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000067646	Received	: N/A
Visit ID	: CHLD0025482122	Reported	: 27/Jun/2021 10:57:26
Ref Doctor	: Dr. Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

SPLEEN

- The spleen is normal in size (~10.5 cms) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is seen in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

PROSTATE

- The prostate gland is normal in size, texture with smooth outline, its measuring ~2.2x4.3x2.9 cms & volume ~15.2 cc.

FINAL IMPRESSION:-

NO SIGNIFICANT SONOLOGICAL ABNORMALITY SEEN.

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

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

(*) Test not done under NABL accredited Scope, (**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:
ECG/EKG

Chandan Diagnostic Centre
Plot No.-1051, Near Chaudhary Kothi
Nainital Road, HALDWANI
Cont. No.- 9235400975

Navneet
Dr. Navneet Kumar (MD Radiodiagnosis)

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 *



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandandiagnostic.com

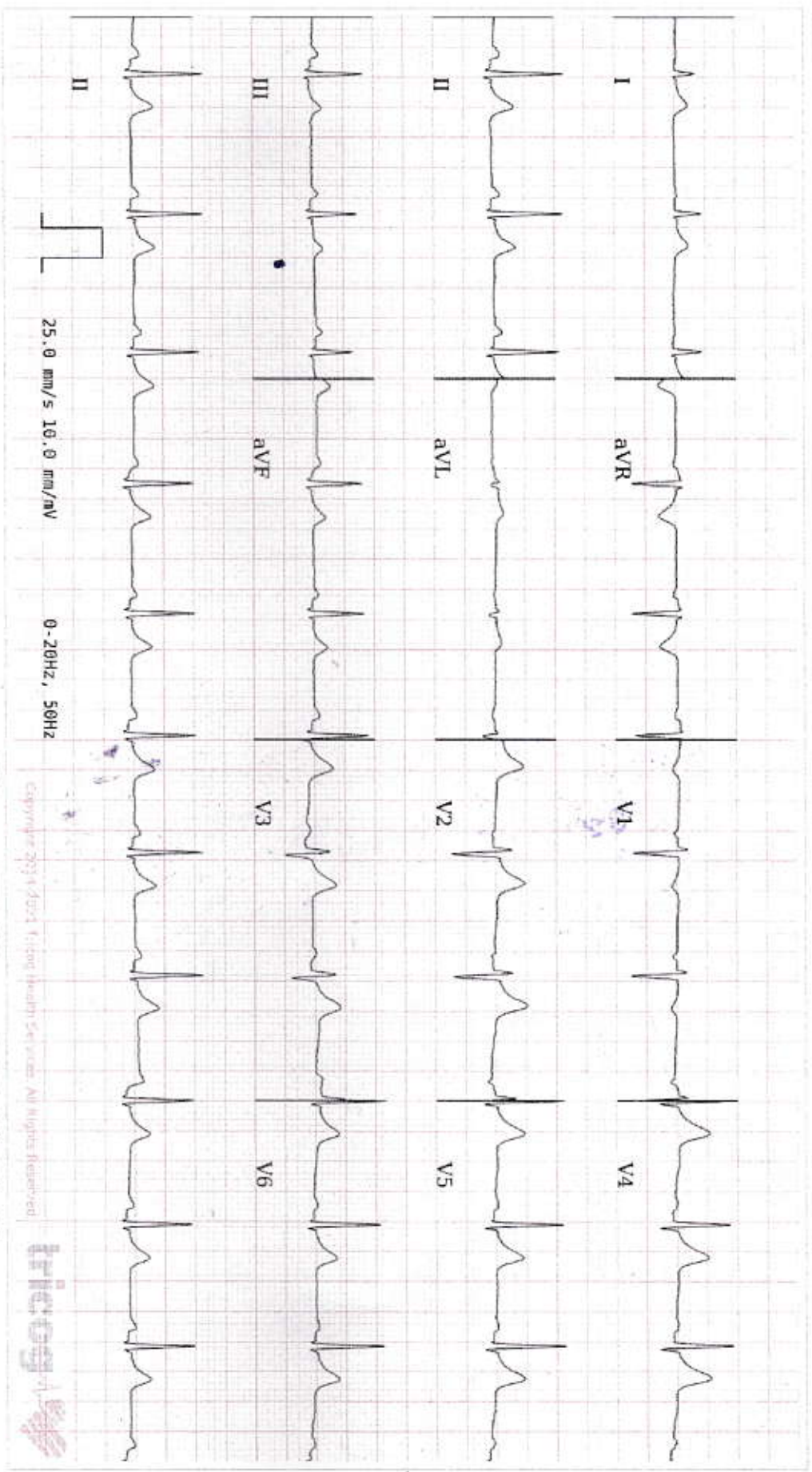
Home Sample Collection
1800-419-0002



Age / Gender: 36/Male Date and Time: 26th Jun 21 9:25 AM

Patient ID: chld0025482122

Patient Name: Mr. VIJAY UPADHYAYA BOBBI316



ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Please correlate clinically.

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
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