CHANDAN DIAGNOSTIC CENTRE Add: 99, Shivaji Nagar Mahmoorganj,Varanasi



Add: 99, Shivaji Nagar Mahmoorganj, Varana Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



DEPARTMENT OF HAEMATOLOGY				
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report	
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 13:41:42	
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 10:55:58	
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 10:54:18	
Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:54	

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blood				
Blood Group	А			
Rh ( Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , Whole Bloo	od			
Haemoglobin	13.50	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	and the second second
			12-18 Yr 13.0-16.0	1 100
			g/dl	
			Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/dl	
TLC (WBC)	4,500	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 9	
PCV (HCT)	41.20	%	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count			-	
RBC Count	4.28	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:54
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 10:54:18
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 10:55:58
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 13:41:42
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
Blood Indices (MCV, MCH, MCHC)				
MCV	96.20	fl	80-100	CALCULATED PARAMETER
MCH	31.60	pg	28-35	CALCULATED PARAMETER
МСНС	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	12.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,925.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	90.00	/cu mm	40-440	

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



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:56
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 10:54:17
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 10:55:58
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 14:00:39
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. Interva	al Method
GLUCOSE FASTING , Plasma				
Glucose Fasting	100.00	100-1	Normal L25 Pre-diabetes Diabetes	GOD POD
<b>Interpretation:</b> a) Kindly correlate clinically with intake of hypog b) A negative test result only shows that the pers will never get diabetics in future, which is why ar c) I.G.T = Impared Glucose Tolerance.	on does not have dial	betes at the time of	U	

Glucose PP Sample:Plasma After Meal	135.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
			>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 = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , &	EDTA BLOOD
--	------------

Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	mg/dl	

#### Interpretation:

#### <u>NOTE</u>:-

- 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 mnagement.





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### DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method

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)	<b>Degree of Glucose Control Unit</b>
> 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.

### **<u>Clinical Implications:</u>**

\*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:Serum	14.00	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	1.00	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
<b>Uric Acid</b> Sample:Serum	5.90	mg/dl	3.4-7.0	URICASE



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## **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	U	nit Bio. Ref. Int	terval Method
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	29.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	47.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	14.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.50	gm/dl	6.2-8.0	BIRUET
Albumin	4.00	gm/dl	3.8-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.60		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	113.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) , Serum				
Cholesterol (Total)	191.00	mg/dl	<200 Desirable 200-239 Borderline > 240 High	CHOD-PAP High
HDL Cholesterol (Good Cholesterol)	62.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	112	mg/dl	< 100 Optimal	CALCULATED
Starting and the start of the start		0, -	100-129 Nr.	
			Optimal/Above Opt 130-159 Borderline 160-189 High > 190 Very High	
VLDL	15.94	mg/dl	10-33	CALCULATED
Triglycerides	79.70	mg/dl	< 150 Normal 150-199 Borderline 200-499 High >500 Very High	GPO-PAP High

Dr.S.N. Sinha (MD Path)



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Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:55
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 13:17:36
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 13:19:53
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 13:30:04
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
JRINE EXAMINATION, ROUTINE * , Ur	rine			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Surger and State	ADCENT	0/	> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	0,		
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			and the second second	
Epithelial cells	2-3/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
UGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Tratarray at a farme				

### Interpretation:

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

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:55
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 13:17:36
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 13:19:53
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 13:30:04
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

### 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)





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:55
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 10:54:17
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 14:04:01
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 14:05:52
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
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	101.10	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.66	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.66	µIU/mL	0.27 - 5.5	CLIA
Interpretation:		ł		
		0.3-4.5 μIU/r	nL First Trimeste	er
		0.5-4.6 μIU/r	nL Second Trime	ester
		0.8-5.2 μIU/r	nL Third Trimest	er
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 µIU/r	nL 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.

0.7 - 64

1-39

1.7-9.1

µIU/mL

µIU/mL

µIU/mL

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

Child(21 wk - 20 Yrs.)

0-4 Days

2-20 Week

Child

Child

Dr.S.N. Sinha (MD Path)

ISO 9001:2015



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:57
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000034837	Received	: N/A
Visit ID	: CVAR0077032223	Reported	: 16/Jan/2023 09:47:24
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## **DEPARTMENT OF X-RAY**

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:57
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000034837	Received	: N/A
Visit ID	: CVAR0077032223	Reported	: 19/Jan/2023 09:38:24
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) \*

## ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) LIVER

• The liver is normal in size **12.7 cm in longitudinal span** and has a normal homogenous echotexture. No focal lesion is seen.

## PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal (10.5 mm) at the porta.
- Porta hepatis is normal.

## **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct are normal (3.4 mm) at the porta.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

## **PANCREAS**

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

## **RIGHT KIDNEY**

- Right kidney is normal in size (10.2 x 3.3 cm), and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal. The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear. Renal respiratory excursions are normal.

## LEFT KIDNEY

- Left kidney is normal in size (10.5 x 3.6 cm), and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal. The vesicoureteric junction is normal.



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Home Sample Collection 1800-419-0002 CHANDAN DIAGNOSTIC CENTRE Add: 99, Shivaji Nagar Mahmoorganj,Varanasi



Add: 99, Shivaji Nagar Mahmoorganj,Varana: Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



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## DEPARTMENT OF ULTRASOUND

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

• Corticomedullary demarcation is clear. Renal respiratory excursions are normal.

## **SPLEEN**

• The spleen is normal in size (8.7 cm), and has a homogenous echotexture.

## **ILIAC FOSSA**

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

## **URINARY BLADDER**

- Urinary bladder is partially filled. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is 25 cc.

## **PROSTATE**

• The prostate gland is normal in texture and size (32 x 22 x 24 mm / 12 grams).

## **IMPRESSION**

• No significant sonological abnormality is seen on this study.

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

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG



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 Condition 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

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## भारत सरकार Government of India

B

Aniruddh Singh DOB : 24/06/1986 Male

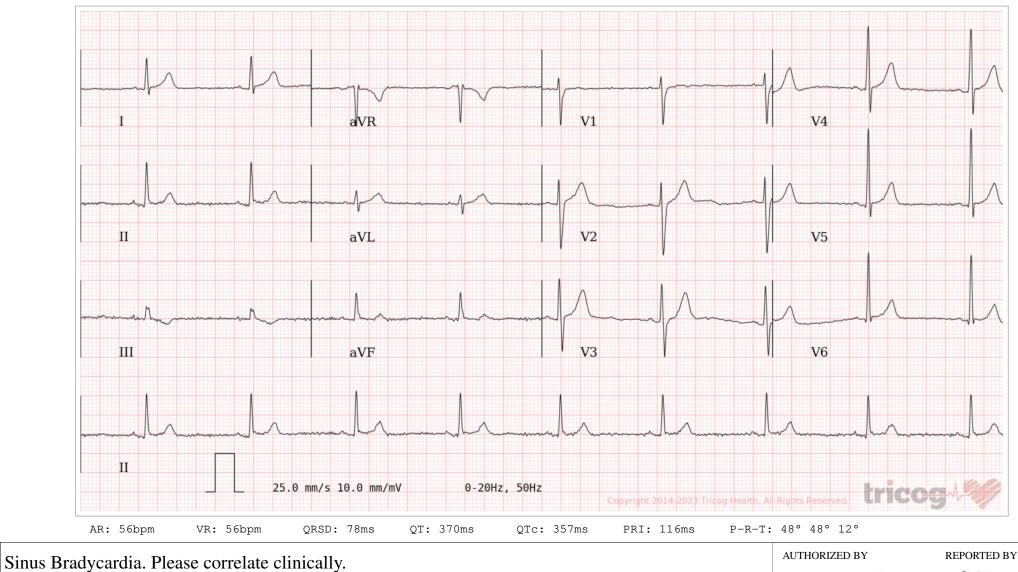


## 4645 2217 4962 आधार - आम आदमी का अधिकार

## **Chandan Diagnostic**



Age / Gender:36/MaleDate and Time:15th Jan 23 10:14 AMPatient ID:CVAR0077032223Patient Name:Mr.ANIRUDDH SINGH - BOBE25271



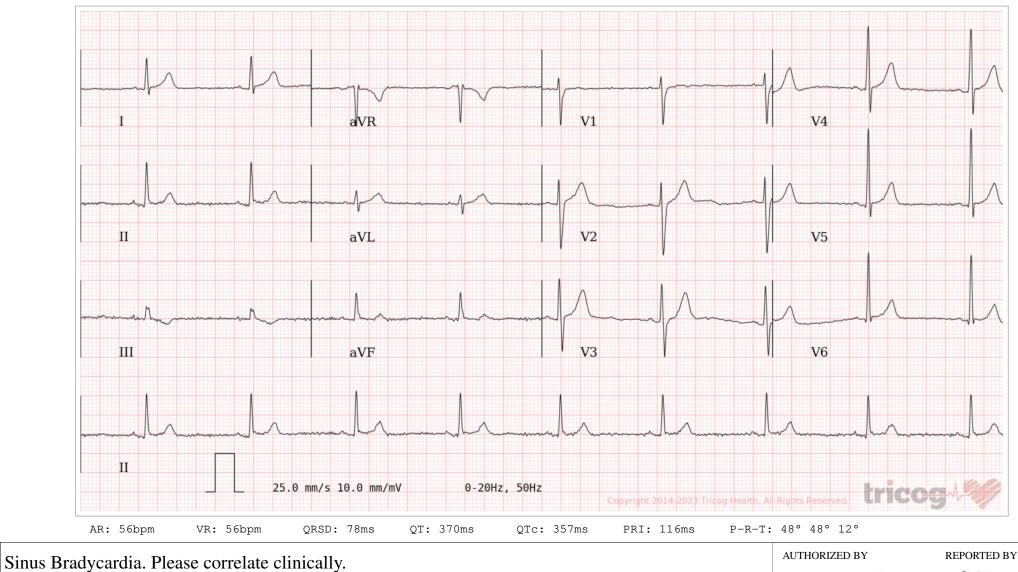


Dr. Charit MD, DM: Cardiology 63382 Dr Arunkumar Kakhandaki

## **Chandan Diagnostic**



Age / Gender:36/MaleDate and Time:15th Jan 23 10:14 AMPatient ID:CVAR0077032223Patient Name:Mr.ANIRUDDH SINGH - BOBE25271





Dr. Charit MD, DM: Cardiology 63382 Dr Arunkumar Kakhandaki



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



DEPARTMENT OF HAEMATOLOGY MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS				
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report	
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 13:41:42	
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 10:55:58	
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 10:54:18	
Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:54	

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blood				
Blood Group	A			
Rh ( Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , Whole Blood	d			
Haemoglobin	13.50	g/dl	1 Day- 14.5-22.5 g/dl	
		0, -	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/d	
			12-18 Yr 13.0-16.0	1 hind
			g/dl	
			Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/d	
TLC (W <mark>BC)</mark>	4,500	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 9	
PCV (HCT)	41.20	%	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.28	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE









Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:54
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 10:54:18
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 10:55:58
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 13:41:42
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
Blood Indices (MCV, MCH, MCHC)				
MCV	96.20	fl	80-100	CALCULATED PARAMETER
MCH	31.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	12.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,925.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	90.00	/cu mm	40-440	

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

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SIN No:53467440







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:56
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 10:54:17
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 10:55:58
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 14:00:39
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. Interv	al Method
GLUCOSE FASTING , Plasma				
Glucose Fasting	100.00	1	100 Normal 00-125 Pre-diabetes 126 Diabetes	GOD POD
Interpretation: a) Kindly correlate clinically with intake of hypog b) A negative test result only shows that the perso will never get diabetics in future, which is why ar c) I.G.T = Impared Glucose Tolerance.	on does not have dial	betes at the tim	e of testing. It does not	

Glucose PP Sample:Plasma After Meal	135.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
			>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 = Impared Glucose Tolerance.

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

Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	mg/dl	

### Interpretation:

#### <u>NOTE</u>:-

- 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 mnagement.





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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:56
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 10:54:17
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 10:55:58
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 14:00:39
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

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)	<b>Degree of Glucose Control Unit</b>
> 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.

### **<u>Clinical Implications:</u>**

\*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:Serum	14.00	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	1.00	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
<b>Uric Acid</b> Sample:Serum	5.90	mg/dl	3.4-7.0	URICASE

ISO 9001:2015



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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:56
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 10:54:17
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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	U	Init	Bio. Ref. Interva	al Method
LFT (WITH GAMMA GT) * , Serum					
SGOT / Aspartate Aminotransferase (AST)	29.40	U/L	< 35		IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	47.10	U/L	< 40		IFCC WITHOUT P5P
Gamma GT (GGT)	14.10	IU/L	11-50		OPTIMIZED SZAZING
Protein	6.50	gm/dl	6.2-8.0	)	BIRUET
Albumin	4.00	gm/dl	3.8-5.4	1	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	5	CALCULATED
A:G Ratio	1.60		1.1-2.0	)	CALCULATED
Alkaline Phosphatase (Total)	113.60	U/L	42.0-1	65.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30		JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8		JENDRASSIK & GROF
LIPID PROFILE ( MINI ) , Serum					
Cholesterol (Total)	191.00	mg/dl	200-23	esirable 9 Borderline High	CHOD-PAP
			> 240 H	ligh	
HDL Cholesterol (Good Cholesterol)	62.80	mg/dl	30-70		DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	112	mg/dl	< 100 0	•	CALCULATED
			130-15 160-18	al/Above Optimal 9 Borderline High	
VLDL	15.94	mg/dl	10-33	-	CALCULATED
Triglycerides	79.70	mg/dl	200-49	9 Borderline High	GPO-PAP

S.n. Sinta

Dr.S.N. Sinha (MD Path)





SIN No:53467440



1800-419-0002

Mar. 2016

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



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:55
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 13:17:36
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 13:19:53
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 13:30:04
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
<b>IRINE EXAMINATION, ROUTINE</b> * , Ur	ine			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Sugar	ADCENT	ana a0/	> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			and the second s	
Epithelial cells	2-3/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
JGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
<b>T</b> ( ) ( )				

### Interpretation:

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





SIN No:53467440





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:55
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 13:17:36
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 13:19:53
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 13:30:04
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

#### 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)





SIN No:53467440





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE25271	Registered On	: 15/Jan/2023 09:27:55
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 15/Jan/2023 10:54:17
UHID/MR NO	: CVAR.0000034837	Received	: 15/Jan/2023 14:04:01
Visit ID	: CVAR0077032223	Reported	: 15/Jan/2023 14:05:52
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
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	101.10	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.66	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.66	µIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/1	mL First Trimester	
		0.5-4.6 µIU/1	mL Second Trimeste	er
		0.8-5.2 µIU/r	nL Third Trimester	

1) Patients having low T3 and	T4 levels but high TSH lev	els suffer from	primary	hypothyroidism	, cretinism,	juvenile 1	nyxedema or
autoimmune disorders.							

0.5-8.9

0.7 - 27

0.7 - 64

1-39

1.7-9.1

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

2.3-13.2 µIU/mL

Adults

Child

Child

Premature

Cord Blood

Child(21 wk - 20 Yrs.)

55-87 Years

0-4 Days

2-20 Week

28-36 Week

> 37Week

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.

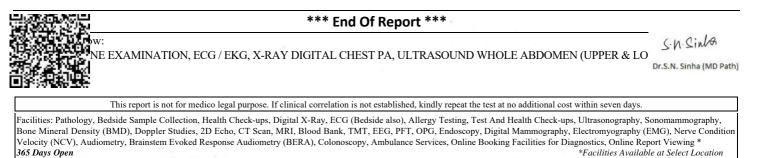
4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

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.







SIN No:53467440



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1800-419-0002

## **CHANDAN DIAGNOSTIC CENTRE**

Medewheel - BOB - AHR Name of Company: Name of Executive: Aniruddh Singh . Date of Birth: 24, 06, 1986 Sex: Male / Female Height: .....CMs Weight: 7.1.....KGs BMI (Body Mass Index): 2.5.8 Chest (Expiration / Inspiration) 89 / 95- CMs RR: ......Resp/Min Ident. Mark: Cut make on deve. Any Allergies: Vertigo: N Any Medications: Any Surgical History: Me Habits of alcoholism/smoking/tobacco: Chief Complaints if any: Lab Investigation Reports: 105 Att Eye Check up - vision & Color vision: Normal & Courerglam - 3785-Left eye: 0.25 p Right eye: O.S.D Near vision: part of glas Customer Care No.: 0522-66666600 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in





Dental check up :

ENT Check up :

Eye Checkup: Mp

## **Final** impression

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

Client Signature :-

Signature of Medical Examiner

chandan Diagnostic Center 99, Shivaji Nagar, Mahmoorganj

Varanasi-221010 (U.P.)

Phone No.:054

Name & Qualification - Dr. R. C. Roy (MBBS, MD) Date 15 / 9/... /2023, Place - VARANASI

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



2022

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The A series wave process is the first of the Construction of the A series of

All adults over All years old should have a regular blood cholesterol test every few years.

Chandan Healthcare Lt

Online Report Viewing Online Booking facilities for Diagnostic Tests and Health Checkups Bone Mineral Density

(BMD) \* Health Checkum

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SUNDAY 01.15.2023 ALTITUDE 19 METER