

Chandan Diagnostic

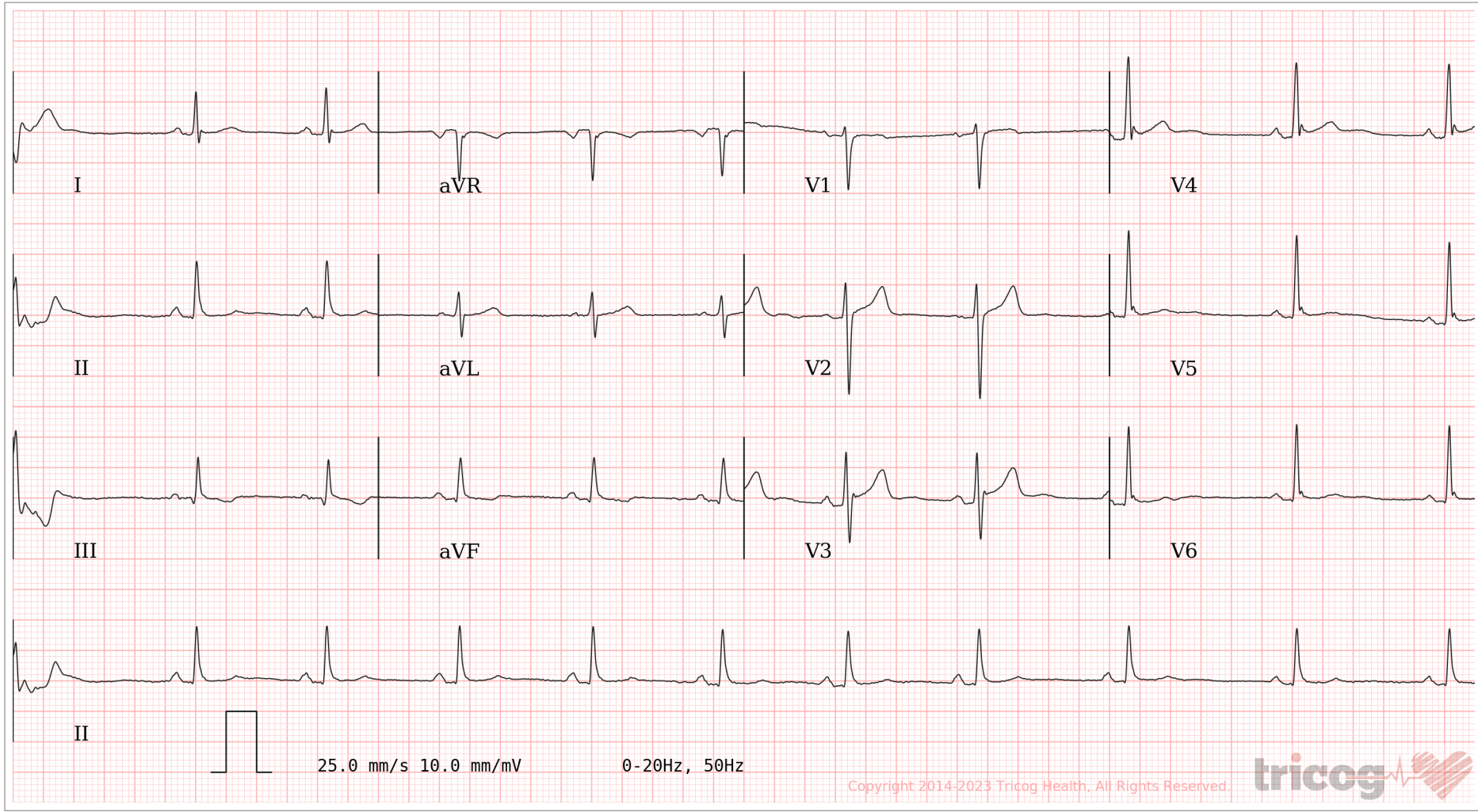


Age / Gender: 33/Male

Date and Time: 28th Jan 23 11:04 AM

Patient ID: CVAR0079582223

Patient Name: Mr.SIDDHARTH NARAYAN -BOBE25148



AR: 64bpm VR: 64bpm QRSD: 90ms QT: 340ms QTc: 350ms PRI: 140ms P-R-T: 46° 59° 2°

ECG Within Normal Limits: Sinus Rhythm, Occasional Monomorphic PVCs seen. Please correlate clinically.

AUTHORIZED BY

*Charit*

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

*Sumithra L*

Dr Sumithra L

54333

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.



भारत सरकार

Government of India



सिद्धार्थ नारायण

Siddharth Narayan

जन्म तिथि / DOB : 12/04/1990

पुरुष / Male



4605 0651 0048

आधार - आम आदमी का अधिकार



# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.SIDDHARTH NARAYAN -BOBE25148	Registered On	: 28/Jan/2023 09:04:15
Age/Gender	: 33 Y 0 M 0 D /M	Collected	: 28/Jan/2023 10:03:49
UHID/MR NO	: CVAR.0000035067	Received	: 28/Jan/2023 10:08:09
Visit ID	: CVAR0079582223	Reported	: 28/Jan/2023 14:03:54
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	O
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	13.40	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
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TLC (WBC)	5,400	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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#### DLC

Polymorphs (Neutrophils)	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	42.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	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)	40.30	% 40-54

#### Platelet count

Platelet Count	2.16	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	4.65	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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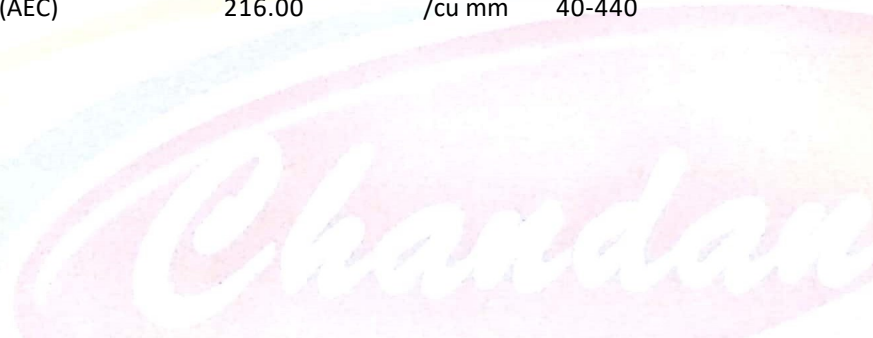


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## DEPARTMENT OF HAEMATOLOGY

### 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	86.80	fl	80-100	CALCULATED PARAMETER
MCH	28.70	pg	28-35	CALCULATED PARAMETER
MCHC	33.10	%	30-38	CALCULATED PARAMETER
RDW-CV	12.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	40.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>2,700.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	216.00	/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 & FEMALE BELOW 40 YRS

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

Glucose Fasting	94.30	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.

#### Glucose PP

Sample: Plasma After Meal

120.00	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)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	100	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.





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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%) NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated 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> Sample: Serum	10.00	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample: Serum	0.90	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
<b>Uric Acid</b> Sample: Serum	5.60	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	Unit	Bio. Ref. Interval	Method
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#### LFT (WITH GAMMA GT) \* , Serum

SGOT / Aspartate Aminotransferase (AST)	31.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>48.20</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	19.70	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.50	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	2.30	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.83		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	85.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.30	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.10	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) , Serum

Cholesterol (Total)	186.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	59.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	97	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	29.82	mg/dl	10-33	CALCULATED
Triglycerides	149.10	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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Dr.S.N. Sinha (MD Path)





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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
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.0 )			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	mg/dl	0.2-2.81	BIOCHEMISTRY
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	0-1/h.p.f			
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

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







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UHID/MR NO	: CVAR.0000035067	Received	: 28/Jan/2023 16:42:16
Visit ID	: CVAR0079582223	Reported	: 28/Jan/2023 16:45:47
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)	101.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	4.26	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.57	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 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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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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## 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 **13.5 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 ( **8.1 mm**) at the porta.
- Porta hepatis is normal.

#### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal ( **3.2 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 ( **10.4 x 4.3 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 ( **10.4 x 4.6 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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## 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 ( **9.2 cm**), and has a homogenous echotexture.

### ILIAC FOSSA

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

### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.
- *Pre-void urine volume is - 154 cc.*

### PROSTATE

- The prostate gland is normal in texture and size ( **31 x 25 x 27 mm/ 11 grams**).

### IMPRESSION

- **No significant sonological abnormality is seen on this study.**

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, 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

Page 10 of 10



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

Home Sample Collection  
1800-419-0002

Mar. 2018





P- 93, Shivaji Nagar Colony, Mahmoorganj,  
Varanasi, Uttar Pradesh 221010, India

Latitude

Longitude

25.305435°

82.979022°

LOCAL 10:47:07

SATURDAY 01.28.2023

GMT 05:17:07

ALTITUDE 19 METER

# CHANDAN DIAGNOSTIC CENTRE

Name of Company: - *Mediawheel*

Name of Executive: *MR / MRS.* - *Siddhant Narayan*

Date of Birth: *12 / 04 / 1990*

Sex: *Male* / Female

Height: *168* CMs

Weight: *78* KGs

BMI (Body Mass Index): *27.6*

Chest (Expiration / Inspiration) *89 / 93* CMs

Abdomen: *84* CMs

Blood Pressure: *124 / 82* mm/Hg

Pulse: *80* BPM - *Regular* / Irregular

Respiration Rate: *17* Resp/Min

Ident. Mark: *Cut Mark on Above the Eyebrow*

Any Allergies: *No*

Vertigo: *No*

Any Medications: (I) *No*

Any Surgical History: (I) *No*  
(II)

Habits of alcoholism/smoking/tobacco: (I) *Alcohol - Occasionally / 10 Yrs*

(II) *Smoking - 1 stick / Day - 10 Yrs*

Chief Complaints if any: *No*

Lab Investigation Reports: *Yes ATT*

Eye Check up - vision & Color vision: *Normal*

Left eye: *Normal*

Right eye: *Normal*

# CHANDAN DIAGNOSTIC CENTRE

Near vision: Normal (N16/

Far vision : (F16)

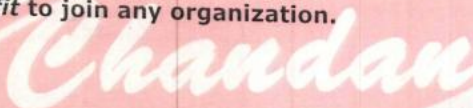
Dental check up : *None*

ENT Check up : *None*

Eye Checkup: *None*

## Final impression

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



Client Signature: -



.....  
Signature of Medical Examiner

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

Date - 29/01/2023,

Place - VARANASI

Chandan Diagnostic Cent  
#9, Shivali Nagar, Mahmooorgan,  
Varanasi-221010 (U.P.)  
Phone No.:0542-2223232

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