



# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.ALOK KUMAR PANDEY-PKG10000236	Registered On	: 08/Oct/2022 10:10:13
Age/Gender	: 50 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000032534	Received	: N/A
Visit ID	: CVAR0052232223	Reported	: 08/Oct/2022 11:09:34
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CARDIOLOGY-2D-ECHO

### 2D ECHO \*

### 2D ECHO & COLOUR DOPPLER REPORT-

### AORTIC VALVES STUDY-

AO DIAMETER	3.0	Cms.
LA DIAMETER	3.0	Cms.
CUSP OPENING	1.7	Cms.

### LEFT VENTRICLE-

IVSd	0.9	cms
LVIDd	4.7	cms
LVPWd	0.9	cms
IVSs	1.4	cms
LVIDs	3.2	cms
LVPWs	1.3	cms
EDV	105	ml
ESV	41	ml

EJECTION FRACTION : 60 % ( 60 ± 7 % )  
SHORTENING FRACTION : 32 % ( 30 ± 5 % )

### RIGHT VENTRICLE-

RVIDd : 2.9 cm.

### DIMENSIONAL IMAGING-

MITRAL VALVE	NORMAL
AORTIC VALVE	NORMAL
PULMONARY VALVE	NORMAL
TRICUSPID VALVE	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL





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## DEPARTMENT OF CARDIOLOGY-2D-ECHO

INTERATRIAL SEPTUM	NORMAL
INTRACARDIAC CLOT / VEGETATION / MYXOMA	ABSENT
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
RIGHT VENTRICLE	NORMAL
RIGHT ATRIUM	NORMAL
PERICARDIUM	NORMAL
OTHER	NORMAL

## COLOUR FLOW MAPPING-

	VELOCITY (m/s)	PRESSURE GRADIENT (mm/Hg)	REGURGITATION
MITRAL FLOW	E: NORMAL A:		TRACE
AORTIC FLOW		NORMAL	ABSENT
PULMONARY FLOW		NORMAL	ABSENT
TRICUSPID FLOW		NORMAL	TRACE

## SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS-

- LV IS NORMAL IN SIZE AND EJECTION FRACTION. NO LVH. NO RWMA
- OTHER PARAMETERS WITHIN NORMAL RANGE
- IAS AND IVS ARE INTACT, NO SHUNT AT GREAT VESSEL
- NO THRUMBUS /CLOT/ EFFUSION

## FINAL IMPRESSION-

- NO RESTING RWMA
- GOOD BIVENTRICULAR SYSTOLIC FUNCTION WITH LVEF 60%
- NO LVH WITH NORMAL DIASTOLIC FUNCTION
- NO CHAMBER DILATATION WITH TRACE MR AND TR
- NO CLOT/ VEGETATION/ PAH/ EFFUSION



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

*Dr. Ganesh Shankar*

Dr. Ganesh Shankar (MBBS PGDCC)

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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Age/Gender	: 50 Y 0 M 0 D /M	Collected	: 08/Oct/2022 10:45:14
UHID/MR NO	: CVAR.0000032534	Received	: 08/Oct/2022 11:52:05
Visit ID	: CVAR0052222223	Reported	: 09/Oct/2022 12:37:21
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	A
Rh ( Anti-D)	POSITIVE

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

Haemoglobin	12.90	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)	6,000	/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	20.00	Mm for 1st hr.	
Corrected	10.00	Mm for 1st hr.	<9
PCV (HCT)	38.80	%	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	4.04	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	95.90	fl	80-100	CALCULATED PARAMETER
MCH	31.90	pg	28-35	CALCULATED PARAMETER
MCHC	33.30	%	30-38	CALCULATED PARAMETER
RDW-CV	12.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,000.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	240.00	/cu mm	40-440	



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





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Visit ID	: CVAR0052222223	Reported	: 08/Oct/2022 17:07:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

Glucose Fasting	98.60	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.



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Age/Gender	: 50 Y 0 M 0 D /M	Collected	: 08/Oct/2022 14:45:29
UHID/MR NO	: CVAR.0000032534	Received	: 08/Oct/2022 15:11:40
Visit ID	: CVAR0052222223	Reported	: 09/Oct/2022 11:11:46
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose PP</b> <i>Sample: Plasma After Meal</i>	133.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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 diabetes in future, which is why an Annual Health Check up is essential.
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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	105	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.

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

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

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

N.B. : Test carried out on Automated 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





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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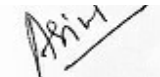
c. Alcohol toxicity d. Lead toxicity

\*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.



  
Dr. Anupam Singh  
M.B.B.S, M.D.(Pathology)







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Patient Name	: Mr.ALOK KUMAR PANDEY-PKG1000236	Registered On	: 08/Oct/2022 10:09:07
Age/Gender	: 50 Y 0 M 0 D /M	Collected	: 08/Oct/2022 10:45:14
UHID/MR NO	: CVAR.0000032534	Received	: 08/Oct/2022 11:52:05
Visit ID	: CVAR0052222223	Reported	: 09/Oct/2022 14:44:43
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen)</b> Sample:Serum	9.00	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	1.20	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>Uric Acid</b> Sample:Serum	7.00	mg/dl	3.4-7.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	<b>40.80</b>	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>45.70</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	38.00	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.90	gm/dl	6.2-8.0	BIRUET
Albumin	4.10	gm/dl	3.8-5.4	B.C.G.
Globulin	2.80	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.46		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	104.20	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
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	205.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	39.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	149	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
	16.36	mg/dl	10-33	CALCULATED
	81.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P



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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

Color	LIGHT 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	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  
-1.0

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## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** <i>Sample:Serum</i>	0.600	ng/mL	< 2.0	CLIA

#### Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

#### THYROID PROFILE - TOTAL \*\*, Serum

T3, Total (tri-iodothyronine)	<b>80.25</b>	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	4.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	<b>22.64</b>	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.





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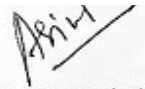
## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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- 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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M.B.B.S., M.D. (Pathology)





# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.ALOK KUMAR PANDEY-PKG1000236	Registered On	: 08/Oct/2022 10:09:07
Age/Gender	: 50 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000032534	Received	: N/A
Visit ID	: CVAR0052222223	Reported	: 08/Oct/2022 17:34:10
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### X-Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

#### IMPRESSION

**\* NO OBVIOUS DETECTABLE ABNORMALITY SEEN**



Dr Raveesh Chandra Roy (MD-Radio)





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

##### LIVER

- It measures **12.9 cm** in mid clavicular line. Mild diffuse increase in liver echogenicity seen. No focal lesion is seen.

##### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein measures **11.8 mm** in caliber.
- Porta hepatis is normal.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- CBD measures **2.7 mm** in caliber.
- 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 is normal in size **10.5 x 4.2 cm** position and cortical echotexture.
- Left kidney is normal in size **10.9 x 4.9 cm** position and cortical echotexture.
- The collecting system of both the kidneys are not dilated.

##### SPLEEN

- The spleen is normal in size **9.2 cm** and has a normal homogenous echo-texture.

##### URINARY BLADDER

- Urinary bladder is partially filled. Prevoid urine **volume 30 cc**.

##### PROSTATE





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

- The prostate gland is normal in size **34 x 33 x 30 mm / 19 gms** with smooth outline.

### FINAL IMPRESSION

- **Fatty liver grade I**
- **Rest of the abdominal organs are normal**

*Adv: Clinico-pathological correlation and follow-up.*

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT)



*Roy*

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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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



Since 1991

# CHANDAN DIAGNOSTIC CENTRE



Name of Company: mediawheel

Name of Executive: Alok Kumar Pandey

Date of Birth: XX/XX/XX

Sex:  Male / Female

Height: 161.....CMs

Weight: 82.....KGs

BMI (Body Mass Index): 31.6

Chest (Expiration / Inspiration) 91/95.....CMs

Abdomen: 93.....CMs

Blood Pressure: 126/80.....mm/Hg

Pulse: 84.....BPM -  Regular / Irregular

RR: 18.....Resp/Min

Ident Mark: not on hand

Any Allergies: No

Vertigo: No

Any Medications: No

Any Surgical History: No

Habits of alcoholism/smoking/tobacco:  Tobacco - 8 Times Day - 22 yrs.  
 Alcohol - 100 ml weekly - 10 yrs.

Chief Complaints if any: No

Lab Investigation Reports: No

Eye Check up vision & Color vision: No & Power glass 0 effs.

Left eye: +2.0D

Right eye: +2.0D.

Near vision: No & Power glass

Far vision: No

Dental check up: No







# CHANDAN DIAGNOSTIC CENTRE

ENT Check up : *nan*

Eye Checkup: *nan*

### Final impression

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

### Client Signature :-

*[Handwritten signature]*

*[Handwritten 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 *08/10* /2022, Place - VARANASIS





D63/6B-98, Shivaji Nagar Colony,  
Mahmoorganj, Varanasi, Uttar Pradesh  
221010, India

Latitude

25.305565°

Longitude

82.979085°

LOCAL 11:14:35

GMT 05:44:35

SATURDAY 10.08.2022

ALTITUDE 15 METER