

: Mr.CHANDAN KUMAR TIWARI -PKG1000023 Registered On



Patient Name

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



: 14/Jan/2023 10:58:04

DEPARTMENT OF HAEMATOLOGY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS Test Name Result Unit Bio. Ref. Interval Met	thod
	thod
Blood Group (ABO & Rh typing) * , Blood	
Blood Group O	
Rh (Anti-D) POSITIVE	
Complete Blood Count (CBC) * , Whole Blood	
Haemoglobin 15.30 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	
	ONIC IMPEDANCE
DLC	
, , ,	ONIC IMPEDANCE
	NIC IMPEDANCE
	NIC IMPEDANCE
Basophils 0.00 % < 1 ELECTRO ESR	INIC IMPEDANCE
Observed 10.00 Mm for 1st hr.	
Corrected 6.00 Mm for 1st hr. < 9	
PCV (HCT) 46.40 % 40-54	
Platelet count	
Platelet Count 2.05 LACS/cu mm 1.5-4.0 ELECTRO	NIC NCE/MICROSCOPIC
	NIC IMPEDANCE
RBC Count	
	NIC IMPEDANCE





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Age/Gender	: 44 Y 0 M 0 D /M	Collected	: 14/Jan/2023 12:00:41
UHID/MR NO	: CVAR.0000034817	Received	: 14/Jan/2023 12:03:44
Visit ID	: CVAR0076812223	Reported	: 14/Jan/2023 13:05:44
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
Blood Indices (MCV, MCH, MCHC)				
MCV	111.50	fl	80-100	CALCULATED PARAMETER
MCH	36.70	pg	28-35	CALCULATED PARAMETER
MCHC	33.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	55.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,260.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	142.00	/cu mm	40-440	

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





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Age/Gender	: 44 Y 0 M 0 D /M	Collected	: 14/Jan/2023 15:50:14
UHID/MR NO	: CVAR.0000034817	Received	: 14/Jan/2023 15:50:29
Visit ID	: CVAR0076812223	Reported	: 14/Jan/2023 15:51:12
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
GLUCOSE FASTING , Plasma Glucose Fasting	95.10	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

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.

Glucose PP Sample:Plasma After Meal	130.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

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.

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





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Age/Gender	: 44 Y 0 M 0 D /M	Collected	: 14/Jan/2023 12:00:41
UHID/MR NO	: CVAR.0000034817	Received	: 15/Jan/2023 11:36:28
Visit ID	: CVAR0076812223	Reported	: 15/Jan/2023 12:53:51
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report
Visit ID	: CVAR0076812223	Reported	: 15/Jan/2023 12:53:51

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit E	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	4.90	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	30.00	mmol/mol/IFCC		

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- 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.

94

• 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.

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.

<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

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

|--|

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 (MBBS MD Pathology)

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Age/Gender: 44 Y 0 M 0UHID/MR NO: CVAR.000Visit ID: CVAR0076	0034817	Registered On Collected Received Reported Status	: 14/Jan/2023 10:58 : 14/Jan/2023 12:00 : 14/Jan/2023 12:03 : 14/Jan/2023 14:50 : Final Report	:41 :44					
	DEPARTMENT OF BIOCHEMISTRY								
	MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS								
Test Name	Result	Unit	Bio. Ref. Interval	Method					
BUN (Blood Urea Nitrogen)8.50mg/dL7.0-23.0CALCULATEDSample:Serum									
Creatinine Sample:Serum	0.98	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES					
Uric Acid Sample:Serum	6.07	mg/dl	3.4-7.0	URICASE					
LFT (WITH GAMMA GT) * , s	erum								
SGOT / Aspartate Aminotransfer SGPT / Alanine Aminotransfera Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) LIPID PROFILE (MINI) , Serur Cholesterol (Total) HDL Cholesterol (Good Cholest	se (ALT) 22.30 36.00 6.50 4.00 2.50 1.60 150.00 1.36 0.10 1.26 m 206.00	U/L U/L IU/L gm/dl gm/dl U/L mg/dl mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF					
LDL Cholesterol (Bad Cholestero VLDL Triglycerides	-	mg/dl mg/dl mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline High 200-499 High	CALCULATED CALCULATED GPO-PAP					



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Visit ID	: CVAR0076812223	Reported	: 14/Jan/2023 14:50:48
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

>500 Very High



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







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DEPARTMENT OF CLINICAL PATHOLOGY				
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report	
Visit ID	: CVAR0076812223	Reported	: 14/Jan/2023 15:42:05	
UHID/MR NO	: CVAR.0000034817	Received	: 14/Jan/2023 15:39:31	
Age/Gender	: 44 Y 0 M 0 D /M	Collected	: 14/Jan/2023 15:26:11	
Patient Name	: Mr.CHANDAN KUMAR TIWARI -PKG1000023	Registered On	: 14/Jan/2023 10:58:05	

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE * ,	Urine			
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 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
	ADCENT		> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT		and the state of the	
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
UGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
T				
Interpretation:				
(+) < 0.5				

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

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



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UHID/MR NO	: CVAR.0000034817	Received	: 15/Jan/2023 09:54:45
Visit ID	: CVAR0076812223	Reported	: 15/Jan/2023 12:24:39
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
PSA (Prostate Specific Antigen), Total **	0.740	ng/mL	< 2.0	CLIA	
Sample:Serum	0.740	lig/iiiL	< 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)	136.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.67	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	µIU/mL	First Trimest	ter
0.5-4.6	µIU/mL	Second Trim	ester
0.8-5.2	µIU/mL	Third Trimes	ster
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

Test Name	Result	Unit	Bio. Ref. Interval	Method	

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.

Dr. Anupam Singh (MBBS MD Pathology)

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Patient Name	: Mr.CHANDAN KUMAR TIWARI -PKG1000023	Registered On	: 14/Jan/2023 10:58:06
Age/Gender	: 44 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000034817	Received	: N/A
Visit ID	: CVAR0076812223	Reported	: 14/Jan/2023 17:01:30
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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Visit ID	: CVAR0076812223	Reported	: 14/Jan/2023 12:08:19
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) LIVER

• The liver is normal in size 12.2 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 (11.8 mm) at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal (2.9 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 (10.5 x 4.7 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 (9.8 x 5.2 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 ABOVE 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 -97 cc.

PROSTATE

• The prostate gland is normal in texture and size (31 x 26 x 25 mm / 11 grams).

IMPRESSION

• No significant sonological abnormality is seen on this study.

*** 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)



Dr Raveesh Chandra Roy (MD-Radio)

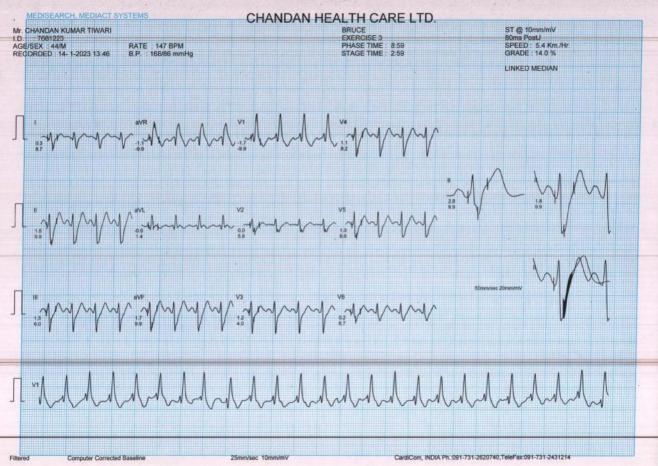
This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

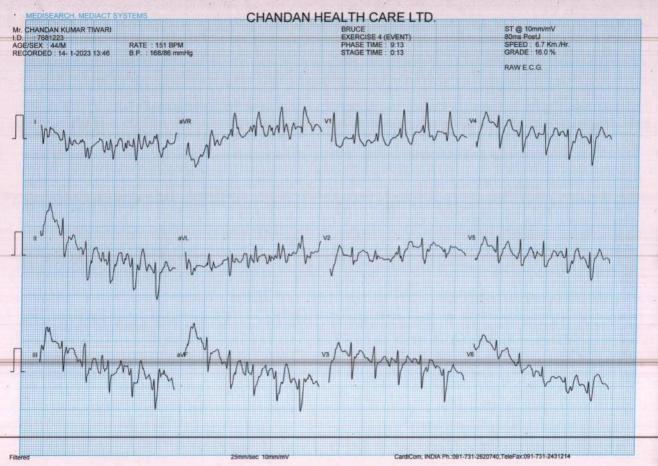
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, 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

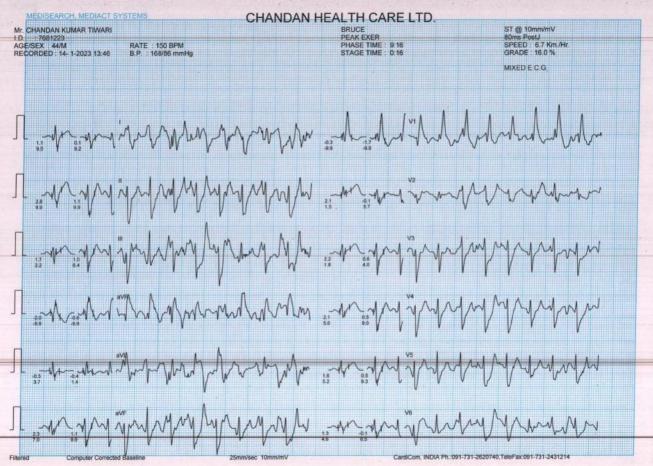
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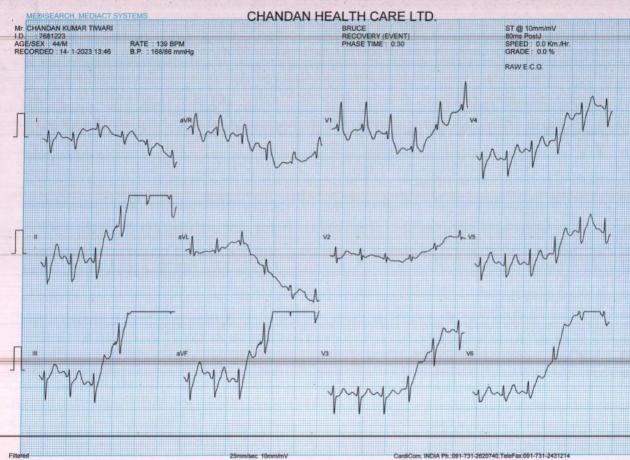


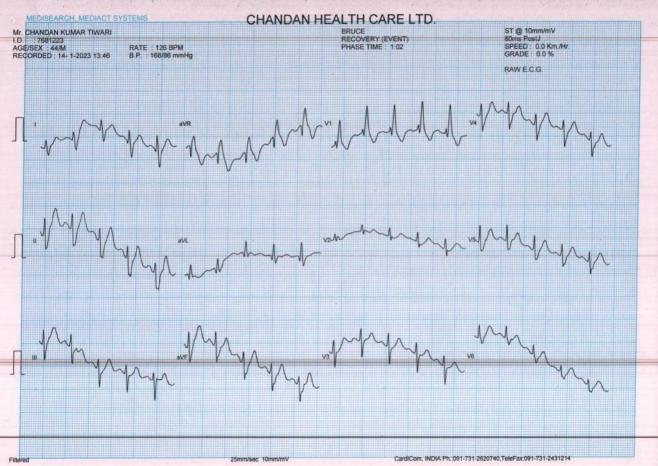


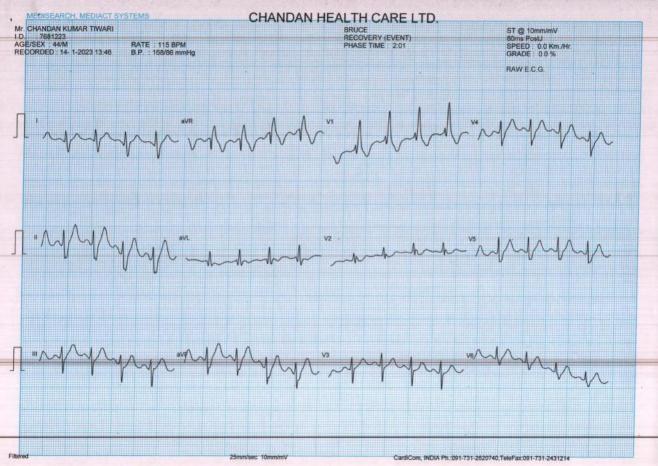












MEDISEARCH, MEDIACT SYSTEMS

CHANDAN HEALTH CARE LTD.

99-SHIVAJI NAGAR MAHMOORGANJ VARANASI-9839703068

r. CHANDAN KUMAR TIVVARI je/Sex : 44/M ef, by dication 1 dication 2 dication 3		ID : 7681223 Ht/Wt : 175/86 Recorded : 14- 1-2023 13:46			TREADMILL TEST SUMMARY REPORT Protocol: BRUCE History: Hypertension. Medication 1: TAB METOPROLOL Medication2 : Medication3 :						
PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	Ш	ST LEVEL (mm) V2	V5	METS
SUPINE HYPERVENT VALSALVA STANDING	0.11	0:11			83 84 81 77	138/84 138/84 138/84 138/84	114 115 111 106	2.8 2.7 2.7 2.7	2.6 2.2 2.2 2.2	1.7 1.8 1.7 1.7	
STAGE 1 STAGE 2 STAGE 3 EVENT STAGE 4	2.59 5.59 8.59 9.13 9.14	2:59 2:59 2:59 0:13 0:14	2.70 4.00 5.40 6.70 6.70	10.00 12.00 14.00 16.00 16.00	102 122 147 151 149	148/84 158/84 168/86 168/86 168/86	150 192 246 253 260	3.0 2.1 1.8 1.4 1.1	1.6 0.7 0.0 0.2 -0.1	1.6 1.5 1.0 0.8 0.5	4.80 7.10 10.00 10.29 10.31
PEAK EXER EVENT EVENT EVENT	9:16 0:30 1:02 2:01	0.16 0.30 1.02 2.01	0.00 0.00 0.00	0.00 0.00 0.00	150 139 126 115	168/86 168/86 168/86 168/86	252 233 211 193	1,1 0,2 1,2 2,0	-0.1 -0.3 -0.3 -0.4	0.5 0.7 1.1 1.2	10,36
RESULTS Exercise Duration	: g.	16 Minutes					+ Bares	we EQ	h showed	RBBB.	

RESULTS

Exercise Duration Max Heart Rate Max Blood Pressure Max Work Load Reason of Termination

9-16 Minutes Dr. Ankit Krishna Agaratal 151 bpm 85 % of target heart rate 176 bpm 168/86 mmHa M.B.B.S., MD, DM Cardiologist Reg. No.-39794 10.36 METS

IMPRESSIONS

TMT is negative for RME

Card Com, INDIA Ph :091-731-2620740 TeleFax:091-731-2431214

Agential → Tonget Meant Rate Achimed St St → Good Effort Toloronce → NO Rignificat ST-7 changes seen at peuk Exornie and recurcy-→ TMT is repartice for Cardiologist RME Judat





Name of Company: Medicatel - BOB. Atc. Name of Executive: Chandan Kumar Tiwow Date of Birth: 04 /01 / 1928 Sex: Male / Female Height:CMs Weight: 86...KGs BMI (Body Mass Index): 28.1 Chest (Expiration / Inspiration) 92 / 95 CMs Abdomen: 99.....CMs Pulse:BPM · Regular / Irregular RR: 1.2....Resp/Min Ident. Mark: Mole on lower lep. Any Allergies: No Any Medications: Do Taking Medication for Huy Perternon. 69 Any Surgical History: Mo Tab. Apts Probal. Song. Habits of alcoholism/smoking/tobacco: Chief Complaints if any: Lab Investigation Reports: 76 AL Eye Check up - vision & Color vision: wornel - E Power glan. 443. Left eye: Nor Right eye: Mul Near vision: Non Far vision: themp & glam. 1800-419-0002

15D 9901-2015

Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in





Dental check up : - Morruf ENT Check up : - Normel Eye Checkup: - Normel

Final impression

Certified that I examined Chandon/cumor Tiwen is presently in good health and free from any cardio-respiratory/communicable ailment, be she is fit / Uhfit to join any organization.

Client Signature :-

Signature of Medical Examiner

anan viaguance enter anan viaguance enter 3. Shiral Naga Nation (22) Phone No. 2012 (22) Phone No. 2012 (22) (BP-Name & Qualification - Dr. R. C. Roy (MBBS, MD)

Dr. R.C. ROY M855, MO. (Radio Diagnosis) Reg. NO. 26918

andan Diagnostic Center

Date. 1.4. 10.1. /2023, Place - VARANASI



P- 93, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India Latitude Longitude 25.305450° 82.979047° LOCAL 11:22:52 SATURDAY 01.14.2023 GMT 05:52:52 ALTITUDE 19 METER