

Chandan Diagnostic

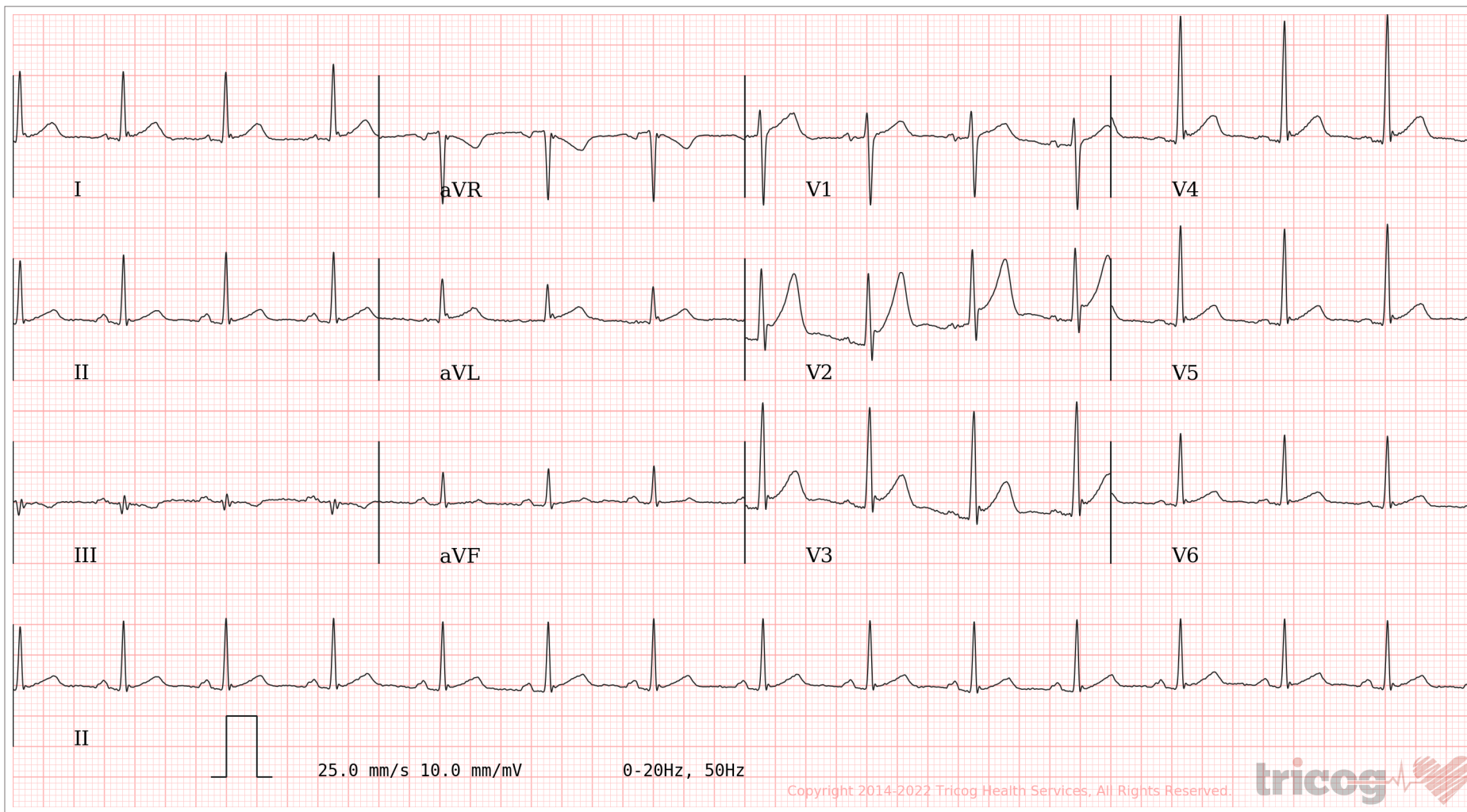
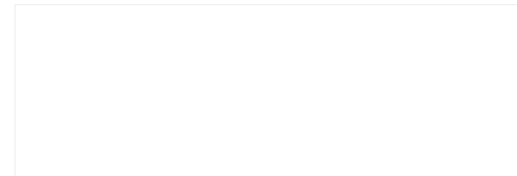


Age / Gender: 37/Male

Date and Time: 18th Dec 22 12:15 PM

Patient ID: CVAR0070672223

Patient Name: Mr.MOHD SITAB ANSARI-PKG10000238



AR: 87bpm VR: 87bpm QRSD: 76ms QT: 348ms QTc: 418ms PRI: 142ms P-R-T: 70° 29° 21°

ECG Within Normal Limits: Sinus Rhythm, Early repolarization with an ascending ST segment. Please correlate clinically.

AUTHORIZED BY


Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Arunkumar Kakhandaki

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.

63382

 बैंक ऑफ बड़ोदा
Bank of Baroda

नाम मुहम्मद सिताब अन्सारी
Name MOHD SITAB ANSARI
कर्मचारी कूट क्र. 116265
E.C. No.



जारीकर्ता प्राधिकारी, उप महाप्रबंधक (वा.के.)
Issuing authority, DGM (V.R.)



Mohd. Sitab Ansari
धारक के हस्ताक्षर
Signature of Holder



भारत सरकार

Government of India



मुहम्मद सिताब अंसारी
Mohd Sitab Ansari
जन्म तिथि / DOB : 31/08/1985
पुरुष / Male



4646 7725 6930

मेरा आधार, मेरी पहचान



CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.MOHD SITAB ANSARI-PKG10000238	Registered On	: 18/Dec/2022 11:26:30
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: 18/Dec/2022 12:29:55
UHID/MR NO	: CVAR.0000034248	Received	: 18/Dec/2022 12:43:50
Visit ID	: CVAR0070672223	Reported	: 18/Dec/2022 14:43:21
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	15.50	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 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	8,900	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	44.30	%	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
<u>RBCCount</u>				
RBC Count	4.87	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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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	91.00	fl	80-100	CALCULATED PARAMETER
MCH	31.80	pg	28-35	CALCULATED PARAMETER
MCHC	34.90	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,340.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	178.00	/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	125.00	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.

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 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





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Test Name	Result	Unit	Bio. Ref. Interval	Method
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*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
**Some danger of hypoglycemic reaction in Type I 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.

BUN (Blood Urea Nitrogen) Sample: Serum	9.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	1.10	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample: Serum	7.80	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	41.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	51.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	38.90	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.50	gm/dl	6.2-8.0	BIRUET
Albumin	4.30	gm/dl	3.8-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.95		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	123.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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)	185.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	45.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	93	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	46.00	mg/dl	10-33	CALCULATED
Triglycerides	230.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



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Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/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:



1.5
-1.0

S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CVAR.0000034248	Received	: 18/Dec/2022 16:04:48
Visit ID	: CVAR0070672223	Reported	: 18/Dec/2022 16:07:30
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)	104.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	4.55	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.43	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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Age/Gender	: 37 Y 0 M 0 D /M	Collected	: N/A
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Visit ID	: CVAR0070672223	Reported	: 19/Dec/2022 09:24:29
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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Visit ID	: CVAR0070672223	Reported	: 24/Dec/2022 15:44:33
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

- Liver measures **16.2 cm** in mid clavicular line. Mild diffuse increase in liver echogenicity noted. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal (**11.1 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 (**11.2 x 4.6 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 (**10.7 x 5.1 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 (**8.4 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 - 9 cc.**

PROSTATE

- The prostate gland is normal in texture and size (**37 x 29 x 25 mm / 15 grams**).

IMPRESSION

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

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, 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



CHANDAN DIAGNOSTIC CENTRE

Name of Company: - Medichell
Name of Executive: - Mohd. Bitab Ansari
Date of Birth: 31.....08.....1985
Sex: Male / Female
Height: 173.....CMs
Weight: 90.....KGs
BMI (Body Mass Index): 32.7
Chest (Expiration / Inspiration) 99 / 105.....CMs
Abdomen: 99.....CMs
Blood Pressure: 134 / 88.....mm/Hg
Pulse: 88.....BPM · Regular / Irregular
RR: 17.....Resp/Min
Ident. Mark: Scar on Inguinal Area.
Any Allergies: No
Vertigo: No
Any Medications: No
Any Surgical History: Inguinal Hernia P/O - 74P.
Habits of alcoholism/smoking/tobacco: Smoking, occasionally.
Chief Complaints if any: No
Lab Investigation Reports: No
Eye Check up - vision & Color vision: normal E Color- Blindness
Left eye: N/C (Red-green)
Right eye: N/C
Near vision: N/C
Far vision: E/C



Since 1991



CHANDAN DIAGNOSTIC CENTRE

Dental check up : *Normal*

ENT Check up : *nil*

Eye Checkup : *nil*

Final impression

Certified that I examined *Mohd. Syed Ansari* 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.

Chandan Diagnostic Center
99, Shivaji Nagar, Mahmooorgan,
Varanasi-221010 (U.P.)
Phone No..0542-2122232

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

Client Signature :-

Mohd. Syed

.....
Signature of Medical Examiner

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

Date...*18.1.22*... /2022, Place - VARANASI

