

Chandan Diagnostic

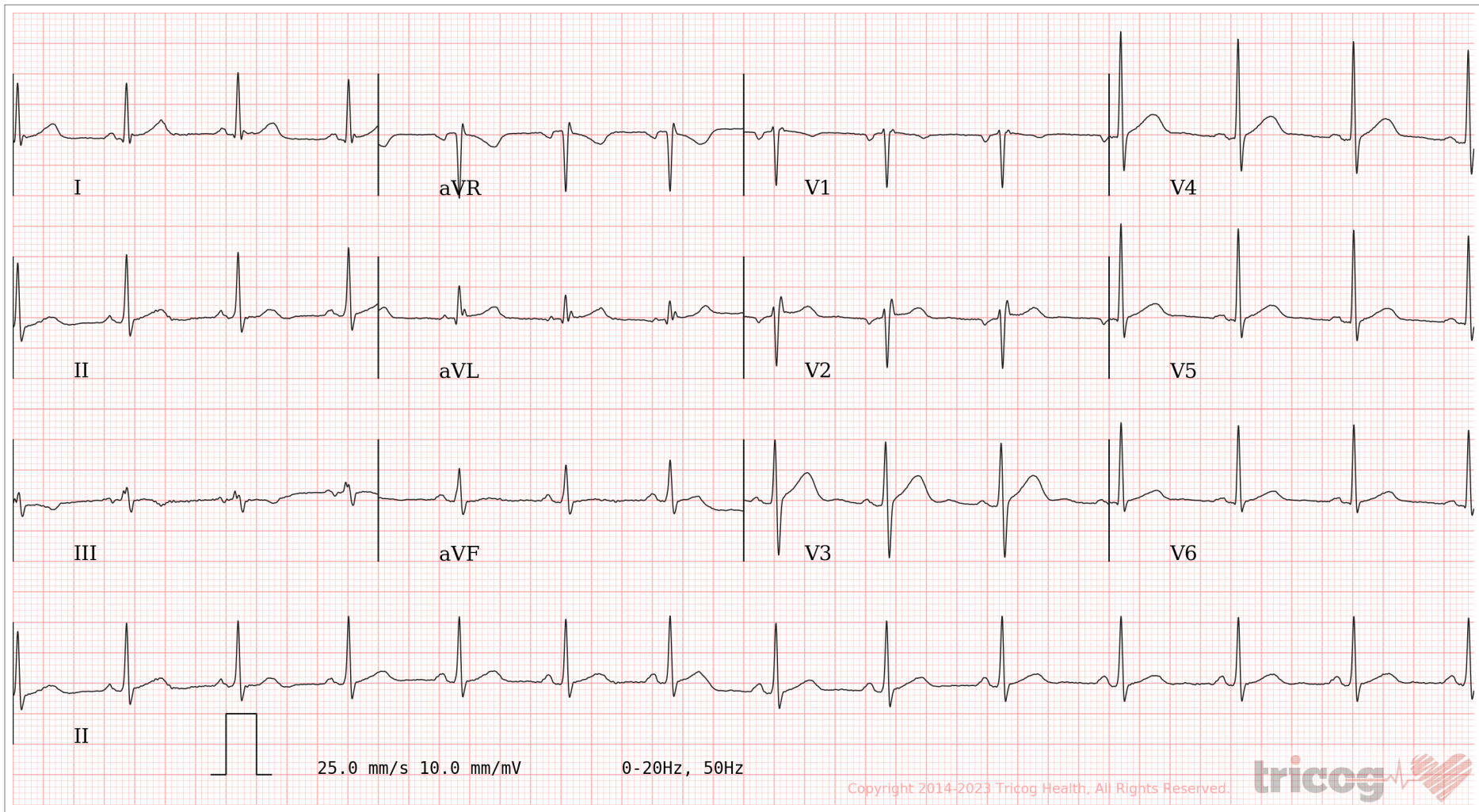
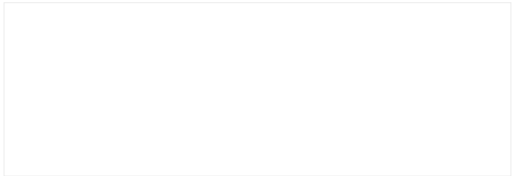


Age / Gender: 35/Male

Date and Time: 11th Mar 23 10:38 AM

Patient ID: CVAR0090532223

Patient Name: Mr.SANDEEP KUMAR -BOBS23757



AR: 82bpm VR: 82bpm QRSD: 84ms QT: 358ms QTc: 418ms PRI: 128ms P-R-T: 60° 34° 22°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Manjunatha Gosikere Chikkarangappa

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



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम/Enrollment No.: 1058/07716/08743

Download Date: 24/07/2017

To
संदीप कुमार
Sandeep Kumar
S/O Mahendra Prasad
QR, NO-1038
SECTOR-12 A
BOKARO STEEL CITY
Bokaro Jharkhand - 827012
7070465069

Generation Date: 13/07/2017



आपका आधार क्रमांक / Your Aadhaar No. :

9666 9316 6494

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



संदीप कुमार
Sandeep Kumar
जन्म तिथि/DOB: 04/11/1987
पुरुष / MALE



9666 9316 6494

मेरा आधार, मेरी पहचान

वृषणा

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

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- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
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पता:
S/O महेंद्र प्रसाद, क्वार्टर
नं-१०३८, सेक्टर-१२ ए, बोकारो
स्टील सिटी, बोकारो,
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S/O Mahendra Prasad, QR,
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1047



help@uidai.gov.in



www.uidai.gov.in

CHANDAN DIAGNOSTIC CENTRE

Name of Company: *mediashet*
Name of Executive: *MR / MRS. Sandeep Kumar*
Date of Birth: *04 / 01 / 1987*
Sex: *Male / Female*
Height: *1.71*...CMs
Weight: *67*...KGs
BMI (Body Mass Index): *22.9*
Chest (Expiration / Inspiration) *91 / 96*...CMs
Abdomen: *96*...CMs
Blood Pressure: *118 / 82*...mm/Hg
Pulse: *74*...BPM - **Regular / Irregular**
Respiration Rate: *16*...Resp/Min
Ident. Mark: *cut Mark Right Hand*
Any Allergies: *NO*
Vertigo: *NO*
Any Medications: (I) *NO*
Any Surgical History: (I) *NO*
(II)
Habits of alcoholism/smoking/tobacco: (I) *NO*
(II)
Chief Complaints if any: *no*
Lab Investigation Reports: *Resp and AHA etc*
Eye Check up - vision & Color vision: *Normal*
Left eye: *sph 0.50, cyl -1.50, Axis 175°*
Right eye: *sph 0.00, cyl -2.25, Axis 180°*

CHANDAN DIAGNOSTIC CENTRE

Near vision:

Far vision :

Dental check up :

ENT Check up :

Eye Checkup:

Final impression

Certified that I examined Sandeep Kumar
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 - 11 / 08 / 2023,

Place - VARANASI

Chandan Diagnostic Centre
39, Shivaji Nagar, Mahmoorganj
Varanasi-221010 (U.P.)
Phone No.: 0542-2223232

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



CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.SANDEEP KUMAR -BOBS23757	Registered On	: 11/Mar/2023 09:46:20
Age/Gender	: 35 Y 0 M 0 D /M	Collected	: 11/Mar/2023 10:10:16
UHID/MR NO	: CVAR.0000036081	Received	: 11/Mar/2023 10:13:29
Visit ID	: CVAR0090532223	Reported	: 11/Mar/2023 14:58:36
Ref Doctor	: Dr.MEDIWHEEL VNS	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	B
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	12.80	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)	8,100	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	14.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	<9	
PCV (HCT)	34.10	%	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
RBCCount				
RBC Count	3.90	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	87.50	fl	80-100	CALCULATED PARAMETER
MCH	32.70	pg	28-35	CALCULATED PARAMETER
MCHC	37.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,050.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	1,134.00	/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	167.90	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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Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.60	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	49.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	142	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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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 (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample:Serum</i>	9.90	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.88	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid <i>Sample:Serum</i>	12.26	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	33.30	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	55.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	58.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	9.66	gm/dl	6.2-8.0	BIRUET
Albumin	4.96	gm/dl	3.8-5.4	B.C.G.
Globulin	4.70	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.06		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	151.78	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.48	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.28	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	438.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	72.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	0	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	365.80	mg/dl	10-33	CALCULATED
Triglycerides	1,829.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP





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>500 Very High



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Visit ID	: CVAR0090532223	Reported	: 11/Mar/2023 14:31:08
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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	1.030			
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:

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





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Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, PP STAGE* , Urine

Sugar, PP Stage ABSENT

Interpretation:

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



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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)	124.42	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.73	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.

Dr. Anupam Singh (MBBS MD Pathology)





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CIN : U85110DL2003PLC308206



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Age/Gender	: 35 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000036081	Received	: N/A
Visit ID	: CVAR0090532223	Reported	: 11/Mar/2023 13:59:07
Ref Doctor	: Dr.MEDIWHEEL VNS	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)





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.SANDEEP KUMAR -BOBS23757	Registered On	: 11/Mar/2023 09:46:24
Age/Gender	: 35 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000036081	Received	: N/A
Visit ID	: CVAR0090532223	Reported	: 11/Mar/2023 10:31:10
Ref Doctor	: Dr.MEDIWHEEL VNS	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size (**approx 14.4 cms in midclavicular line**) and has a normal homogenous echo texture. No focal lesion is seen. (Note: - Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (**11.2 mm**) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**2.9 mm**) not dilated.
- 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:-**
 - Right kidney is normal in size, **measuring approx 9.5 x 3.6 cms.**
 - Cortical echogenicity is normal.
 - Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained.
 - Parenchymal thickness appear normal.
- **Left kidney:-**
 - Left kidney is normal in size, **measuring approx 9.1 x 4.8 cms.**
 - Cortical echogenicity is normal.
 - Pelvicalyceal system is not dilated.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appear normal.

SPLEEN

- The spleen is normal in size (**approx 7.5 cms**) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- **The urinary bladder is partially filled.**
- **Pre-void urine volume is 5 cc.**

PROSTATE

- The prostate gland is normal in size (**approx 28 x 26 x 25 mms / 10 gram**) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

- **No significant sonological abnormality noted.**

Adv : Clinico-pathological-correlation /further evaluation & Follow up

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, ECG / EKG

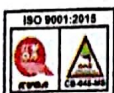


Dr Raveesh Chandra Roy (MD-Radio)

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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Home Sample Collection
1800-419-0002

Mar. 2018



 **GPS Map Camera**

Varanasi, Uttar Pradesh, India

D63/6B-99, Shivaji Nagar Colony,
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