

Chandan Diagnostic

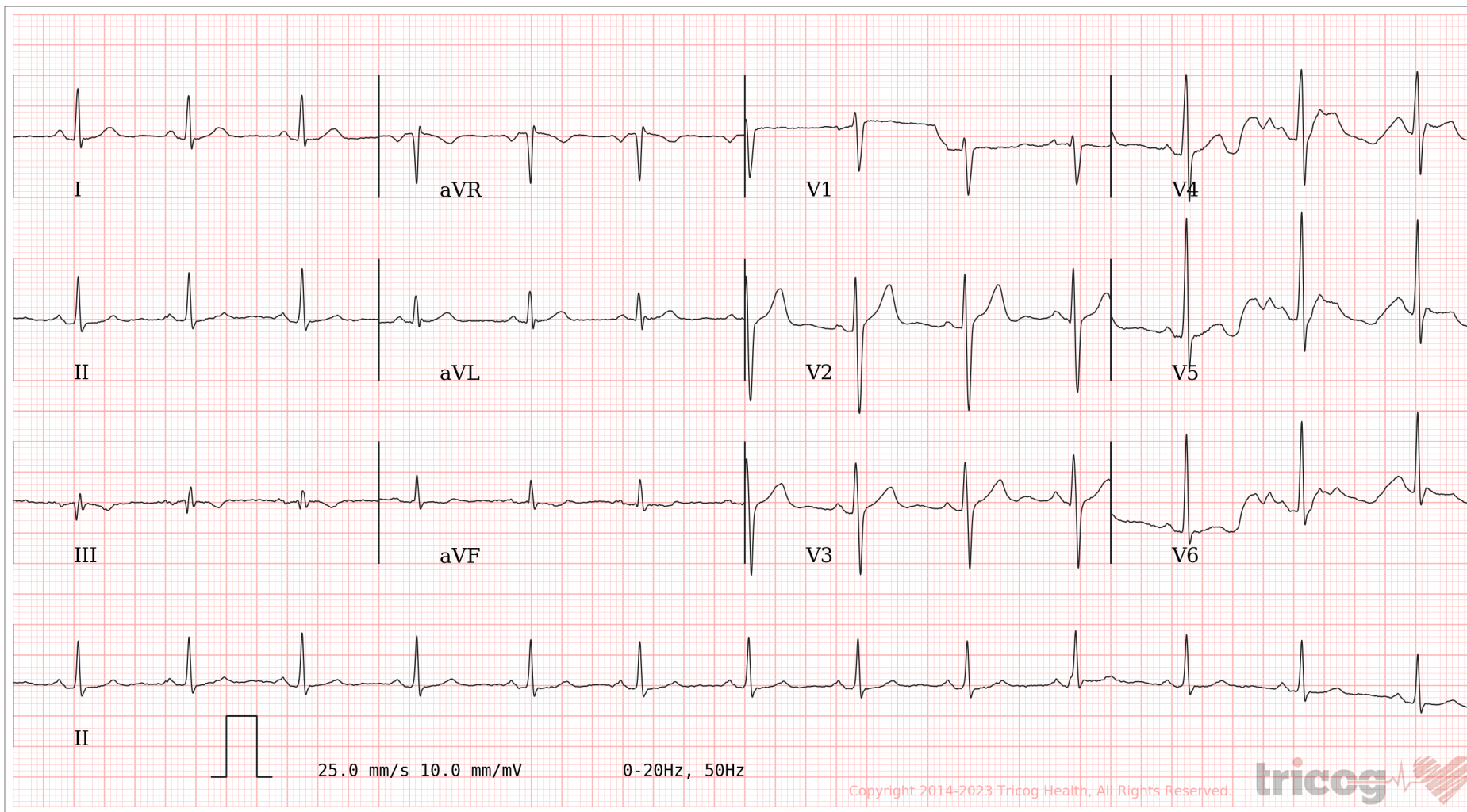


Age / Gender: 30/Male

Date and Time: 5th Mar 23 9:11 AM

Patient ID: CVAR0089532223

Patient Name: Mr.SATISH KUMAR SINGH -BOBE27297



AR: 82bpm VR: 82bpm QRSD: 92ms QT: 344ms QTc: 401ms PRI: 144ms P-R-T: 34° 31° NA

Sinus Rhythm, Non-specific ST/T Wave Changes. Baseline artefacts. Baseline wandering. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Bhagyalaxmi Sunil Bailwad

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 ऑफ़ बड़ौदा
Bank of Baroda



नाम सतीश कुमार सिंह
Name SATISH KUMAR SINGH

कर्मचारी कूट क्र. 181595
E.C. No.



जारीकर्ता प्राधिकारी क्षेत्रीय प्रबंधक (वा.क्षे.)
Issuing Authority, Regional Manager (V.R.)

धारक के हस्ताक्षर
Signature of Holder



भारत सरकार
Government of India



सतीश कुमार सिंह
Satish Kumar Singh
जन्म तिथि / DOB : 15/07/1992
पुरुष / Male



8640 5728 8352

आधार - आम आदमी का अधिकार

CHANDAN DIAGNOSTIC CENTRE

Name of Company: MediWheel (AHC)

Name of Executive: Mr. Satish Kumar Singh

Date of Birth: 15/07/1992

Sex: Male / Female

Height: 169 CMs

Weight: 73 KGs

BMI (Body Mass Index): 25.6

Chest (Expiration / Inspiration) 91/97 CMs

Abdomen: 89 CMs

Blood Pressure: 130/74 mm/Hg

Pulse: 76 BPM - Regular / Irregular

RR: 18 Resp/Min

Ident Mark: Cut Mark on forehead

Any Allergies: No

Vertigo: No

Any Medications: No

Any Surgical History: No

Habits of alcoholism/smoking/tobacco: (1) smoking, 2 sticks/day - 34 Ys
(2) Alcohol - occasionally, 7 Ys

Chief Complaints if any: No

Lab Investigation Reports: No

Eye Check up vision & Color vision: Normal

Left eye: Normal

Right eye: Normal

Near vision: Normal

Far vision: Normal

Dental check up: Normal

CHANDAN DIAGNOSTIC CENTRE

ENT Check up : *me*

Eye Checkup: *me*

Final impression

Certified that I examined *Satish kumar* ... 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 :-

Satish kumar

.....
Signature of Medical Examiner

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

Date.. *05/10/2023* /2023, Place - VARANASI

Dr. R.C. ROY
MBBS, MD. (Radio Diagnosis)
Reg. No. -26913
Chandan Diagnostic Centre
39, Shivaji Nagar, Mahmoorganj
Varanasi-221010 (U.P.)
Phone No.: 0542-222323



CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.SATISH KUMAR SINGH -BOBE27297	Registered On	: 05/Mar/2023 08:43:30
Age/Gender	: 30 Y 0 M 0 D /M	Collected	: 05/Mar/2023 09:43:23
UHID/MR NO	: CVAR.0000035984	Received	: 05/Mar/2023 09:54:18
Visit ID	: CVAR0089532223	Reported	: 05/Mar/2023 12:43:29
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	16.10	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)	7,900	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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DLC

Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

ESR

Observed	8.00	Mm for 1st hr.	
Corrected	4.00	Mm for 1st hr.	<9
PCV (HCT)	45.90	%	40-54

Platelet count

Platelet Count	1.5	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	5.23	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	87.90	fl	80-100	CALCULATED PARAMETER
MCH	30.90	pg	28-35	CALCULATED PARAMETER
MCHC	35.10	%	30-38	CALCULATED PARAMETER
RDW-CV	12.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,740.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	237.00	/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	96.30	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 = Impared Glucose Tolerance.

Glucose PP Sample: Plasma After Meal	125.00	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 = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.90	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	30.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	94	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.





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.

BUN (Blood Urea Nitrogen) Sample: Serum	9.60	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	6.00	mg/dl	3.4-7.0	URICASE





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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

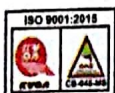
SGOT / Aspartate Aminotransferase (AST)	46.30	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	52.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	32.00	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.30	gm/dl	6.2-8.0	BIRUET
Albumin	4.10	gm/dl	3.8-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.86		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	140.60	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)	215.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	47.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	137	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	30.12	mg/dl	10-33	CALCULATED
Triglycerides	150.60	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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Patient Name	: Mr.SATISH KUMAR SINGH -BOBE27297	Registered On	: 05/Mar/2023 08:43:30
Age/Gender	: 30 Y 0 M 0 D /M	Collected	: 05/Mar/2023 12:28:51
UHID/MR NO	: CVAR.0000035984	Received	: 05/Mar/2023 12:30:15
Visit ID	: CVAR0089532223	Reported	: 05/Mar/2023 12:30:46
Ref Doctor	: Dr.MEDIWHEEL VNS	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	1.015			
Reaction PH	Acidic (5.5)			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			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/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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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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SUGAR, PP STAGE* , Urine

Sugar, PP Stage ABSENT

Interpretation:

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



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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UHID/MR NO	: CVAR.0000035984	Received	: 05/Mar/2023 14:27:05
Visit ID	: CVAR0089532223	Reported	: 05/Mar/2023 14:29:57
Ref Doctor	: Dr.MEDIWHEEL VNS	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)	132.50	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	4.90	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.20	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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CIN : U85110DL2003PLC308206



Patient Name	: Mr.SATISH KUMAR SINGH -BOBE27297	Registered On	: 05/Mar/2023 08:43:31
Age/Gender	: 30 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000035984	Received	: N/A
Visit ID	: CVAR0089532223	Reported	: 06/Mar/2023 09:30:06
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

- Right hemidiaphragm is obscured due to radio opacity seen in right lower lung zone
- Right cp angle obliterated
- Meniscus sign seen
- Lung fields are clear.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Left dome of diaphragm appears normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

Right sided pleural effusion

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



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



D63/6B-99, Shivaji Nagar Colony,
Mahmoorganj, Varanasi, Uttar Pradesh
221010, India

Latitude

25.305412°

Longitude

82.979030°

LOCAL 09:21:20

GMT 03:51:20

SUNDAY 03.05.2023

ALTITUDE 42 METER