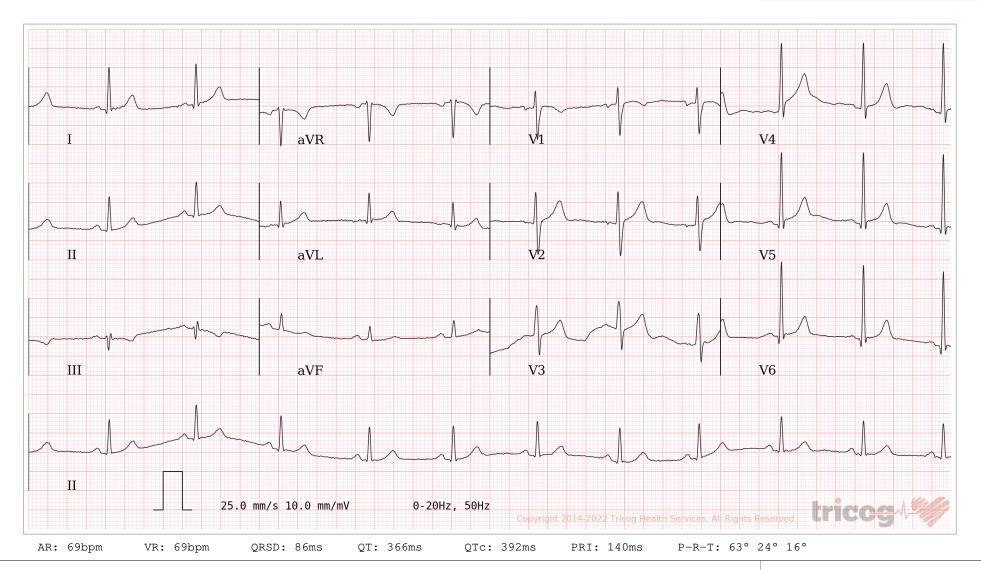
Chandan Diagnostics Centre Varanasi



Age / Gender: 30/Male Date and Time: 14th May 22 10:20 AM

Patient ID: CVAR0012202223

Patient Name: Mr.PARAG TIWARI-9936687476



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

AUTHORIZED BY

Dr. Charit MD, DM: Cardiology



REPORTED BY

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





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAG TIWARI-9936687476 Registered On : 14/May/2022 09:29:27 Age/Gender : 30 Y 0 M 0 D /M Collected : 14/May/2022 10:01:02 UHID/MR NO : CVAR.0000028750 Received : 14/May/2022 10:09:30 Visit ID : CVAR0012202223 Reported : 14/May/2022 13:09:41

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	Result Unit Bio. Ref. Interval Method
-------------------------------------------------	---------------------------------------

Blood Group (ABO & Rh typing) *, Blood

Blood Group

AB

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin 14.40 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

			1 Ciliaic 12.0 13.3 6/ C	A1
TLC (WBC)	9,100	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	40.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	6.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	. <9	
PCV (HCT)	43.70	cc %	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 NR	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	NR	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.88	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE









CIN: U85110DL2003PLC308206



Patient Name : 14/May/2022 09:29:27 : Mr.PARAG TIWARI-9936687476 Registered On Age/Gender : 30 Y 0 M 0 D /M Collected : 14/May/2022 10:01:02 UHID/MR NO : CVAR.0000028750 Received : 14/May/2022 10:09:30 Visit ID : CVAR0012202223 Reported : 14/May/2022 13:09:41

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
Blood Indices (MCV, MCH, MCHC)				
MCV	89.40	fl	80-100	CALCULATED PARAMETER
MCH	29.60	pg	28-35	CALCULATED PARAMETER
MCHC	33.10	%	30-38	CALCULATED PARAMETER
RDW-CV	12.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,550.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	546.00	/cu mm	40-440	



S.N. Sinha (MD Path)









: Dr.Mediwheel - Arcofemi Health Care Ltd.

CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAG TIWARI-9936687476 : 14/May/2022 09:29:28 Registered On Age/Gender : 30 Y 0 M 0 D /M Collected : 14/May/2022 10:01:02 UHID/MR NO : CVAR.0000028750 Received : 14/May/2022 10:09:30 Visit ID : CVAR0012202223 Reported : 14/May/2022 13:43:35

DEPARTMENT OF BIOCHEMISTRY

Status

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLUCOSE FASTING, Plasma

Glucose Fasting 98.00 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 Diabetes

: Final Report

Interpretation:

Ref Doctor

- 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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	99	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









CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAG TIWARI-9936687476 : 14/May/2022 09:29:28 Registered On Age/Gender : 30 Y 0 M 0 D /M Collected : 14/May/2022 10:01:02 UHID/MR NO : CVAR.0000028750 Received : 14/May/2022 10:09:30 Visit ID : CVAR0012202223 Reported : 14/May/2022 13:43:35 Ref Doctor

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

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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 nondiabetic 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	8.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.10	mg/dl	0.5-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	102.00	ml/min/1.73m2	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	5.20	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) *, Serum





^{*}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.





CIN: U85110DL2003PLC308206



: 14/May/2022 09:29:28 Patient Name : Mr.PARAG TIWARI-9936687476 Registered On Age/Gender : 30 Y 0 M 0 D /M Collected : 14/May/2022 10:01:02 UHID/MR NO : CVAR.0000028750 : 14/May/2022 10:09:30 Received Visit ID : CVAR0012202223 Reported : 14/May/2022 13:43:35 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	Init Bio. Ref. Interv	val Method
SGOT / Aspartate Aminotransferase (AST)	29.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	39.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	100.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.60	gm/dl	6.2-8.0	BIRUET
Albumin	4.10	gm/dl	3.8-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.64	,	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	69.20	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.80	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	213.00	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	46.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	130	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL	36.96	mg/dl	10-33	CALCULATED
Triglycerides	184.80	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-PAP h



S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



: 14/May/2022 09:29:28 Patient Name : Mr.PARAG TIWARI-9936687476 Registered On Age/Gender : 30 Y 0 M 0 D /M Collected : 14/May/2022 10:01:02 UHID/MR NO : CVAR.0000028750 Received : 14/May/2022 10:09:30 Visit ID : CVAR0012202223 Reported : 14/May/2022 12:38:50

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
URINE EXAMINATION, ROUTINE $*$, υ	rine			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
1 Totalii	7.832141	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10-40 (+)	Bil of lok
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
			> 2 (++++)	
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			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2









CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAG TIWARI-9936687476 Registered On

: 14/May/2022 09:29:28

Age/Gender

: 30 Y 0 M 0 D /M

Collected Received

: 14/May/2022 10:01:02 : 14/May/2022 10:09:30

UHID/MR NO Visit ID

: CVAR.0000028750 : CVAR0012202223

Reported

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status

: 14/May/2022 12:38:50

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method





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









CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAG TIWARI-9936687476 : 14/May/2022 09:29:28 Registered On Age/Gender : 30 Y 0 M 0 D /M Collected : 14/May/2022 10:01:02 UHID/MR NO : CVAR.0000028750 Received : 14/May/2022 14:45:19 Visit ID : 14/May/2022 14:46:24 : CVAR0012202223 Reported 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. Interva	l Method
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	98.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.11	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		,		
· ·		0.3-4.5 μIU/1	mL First Trimes	ster
		0.5-4.6 μIU/1	mL Second Trin	nester
		0.8-5.2 μIU/1	nL Third Trime	ester
		0.5-8.9 μIU/1	mL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/1		> 37Week
		0.7-64 μIU/ı		(- 20 Yrs.)
			J/mL Child	0-4 Days
		1.7-9.1 μIU/ı		2-20 Week
		1 4 4 4		

- 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.



C.M. Sinta Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.PARAG TIWARI-9936687476 Registered On : 14/May/2022 09:29:29

 Age/Gender
 : 30 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000028750
 Received
 : N/A

Visit ID : CVAR0012202223 Reported : 14/May/2022 11:03:08

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)









CIN: U85110DL2003PLC308206



Patient Name : 14/May/2022 09:29:30 : Mr.PARAG TIWARI-9936687476 Registered On

Age/Gender : 30 Y 0 M 0 D /M Collected UHID/MR NO : CVAR.0000028750 Received : N/A

Visit ID : CVAR0012202223 Reported : 14/May/2022 10:05:49

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

- LIVER: It measures 13.6 cm in mid clavicular line. It is normal in shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- GALL BLADDER: Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.
- **CBD**:- It measures 2.9 mm in caliber.
- **PORTAL VEIN**: It measures 7.5 mm in caliber.
- PANCREAS: Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.
- **SPLEEN**: Normal in size (8.2 cm), shape and echogenicity.
- RIGHT KIDNEY: Normal in size (9.9 x 3.4 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.
- LEFT KIDNEY: Normal in size (9.9 x 4.2 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.
- URINARY BLADDER: Normal in shape, outline and distension. No e/o wall thickening / calculus.Prevoid urine volume 193 cc.
- **PROSTATE**: Normal in size (34 x 27 x 23 mm/12 gms), shape and echo pattern.
- Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy
- No free fluid is seen in the abdomen/pelvis.

IMPRESSION: No significant abnormality seen.

Please correlate clinically

*** 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 * *Facilities Available at Select Location 365 Days Open









Chandan Since 1991 CHANDAN DIAGNOSTIC CENTRE



Name of Company:

wediwheel

Name of Executive: para 9 Tiwan

Date of Birth: 30 | 02/199/

Sex:

Height:

172

Weight: 73

BMI (Body Mass Index): 24.7

Chest (Expiration / Inspiration) 92 97

Abdomen:

Blood Pressure: 126 82

803n reg war

Ident Mark: Cuf Mauk Fau herest

Any Allergies: NO

Vertigo:

N()

Any Medications:

NO

Any Surgical History: Left finger Surgury

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any:

Lab Investigation Reports: Reports AH.

Eye Check up vision & Color vision: Named

Left eye:

Right eye: 13.5

Near vision: Noval



CHANDAN DIAGNOSTIC CENTRE



Far vision: Normal

ENT consultation:

Dental Checkup: None

Eye Checkup:

Final impression-

is presently in good health and free from any cardio-respiratory/communicable ailment, he/she is Fit / Unfit to join any organization.

Chient Signature

1

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

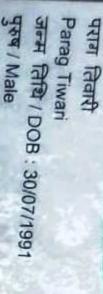
Signature of Medical Examiner

Name & Qualification MRC Roy, MRCS MI

Date. M. 05 22 Place... VARANASI









मेरा आधार, मेरी पहचान



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

Latitude 25.305426°

LOCAL 10:14:36

GMT 04:44:36

Longitude

82.979083°

SATURDAY 05.14.2022 ALTITUDE 22 METER