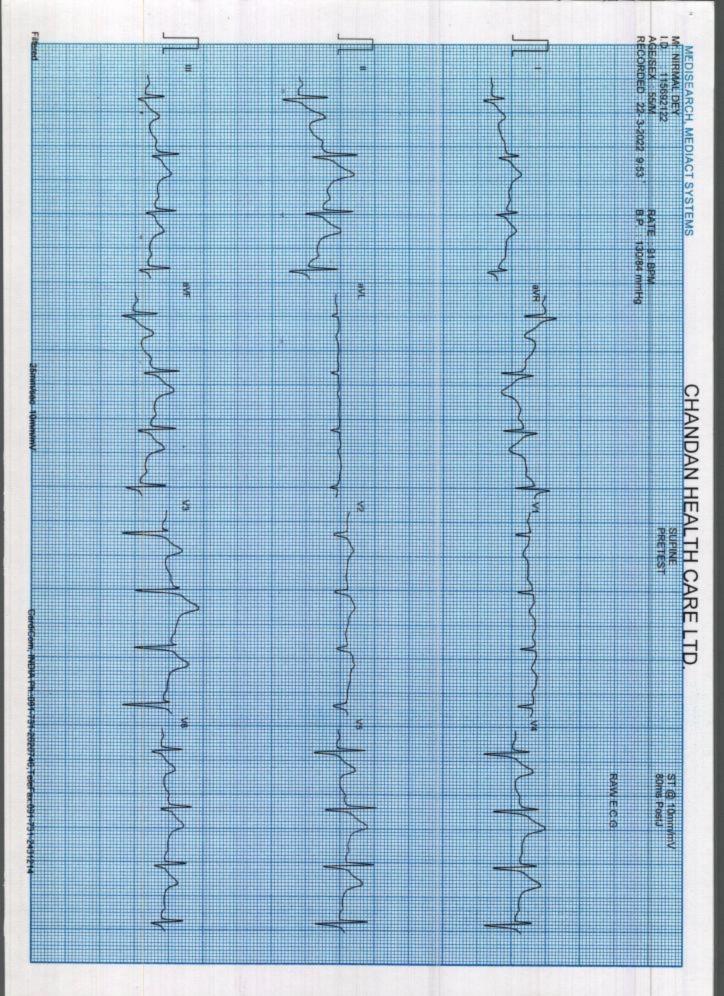
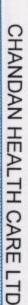
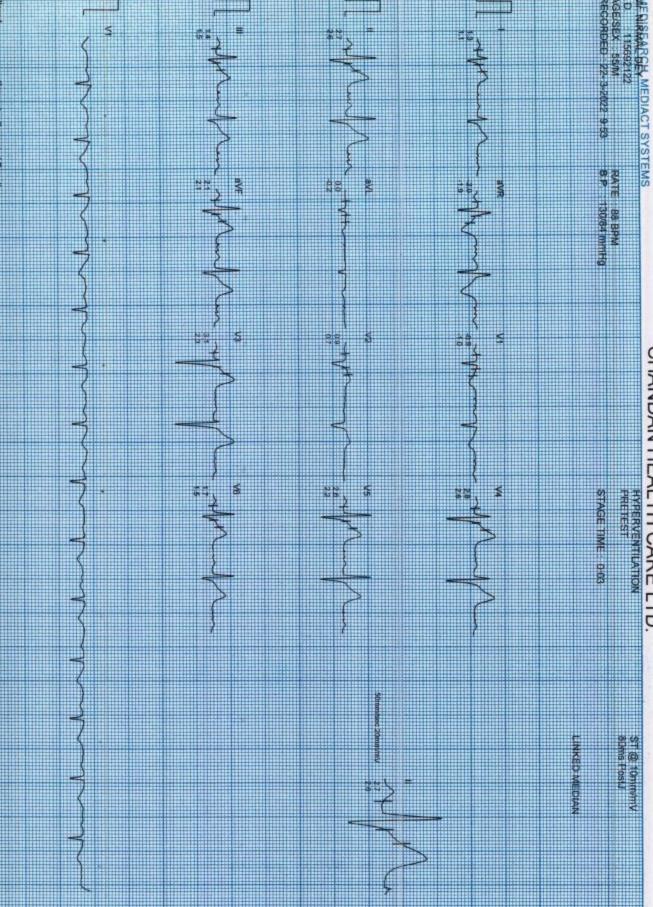
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MEDISEARCH, MEDIACT SYSTEMS CHANDAN HEAL TH CARE LTD.

	RESULTS Exercise Duration Max Head Rate Max Blood Pressure Max Work Load Reason of Termination IMPRESSIONS	PEAK EXER EVENT EVENT	STAGE 1 STAGE 2 STAGE 3 EVEN 1 STAGE 4	SUPINE HYPERVENT VALSALVA STANDING	PHASE	MEDISEARCH, ME Mr. NIRMAL DEY Age/Sex, 55/M Ref. by Indication1 Indication3
	1000	9:17 0:31 1:00 2:01	9 9 8 55 9 13 14	0.03	PHASE	
1 Vie	9-17 Minutes 151 bpm - 91 % of 180/84 mmHg 10.38 METS	0.17 • 1.00 2.01	0 0 2 2 2 0 12 55 14 13 55	50:0	STAGE	I I I I I I I I I I I I I I I I I I I
NC-CHANNE /	Harget heart rate 100	0000	0.0%4N 88888		SPEED (Km/Hin)	99-SH ID 115692122 HIWE 172784 Recorded 22 3 2022 9.53
	5 bpm	000 888	16 00 16 00 16 00		GRADE (%)	99-SHIVA 2022 9-S3
		1228 5	88888	8883	(BPM)	I NAGAR MAHMOORGAN TREA Proto Histo Media Media Media
Cardiologist Dr. Vikash Agrawal Reg. No54167		10084 10084 10084 10084	140/84 150/84 160/84 160/84	130/84 130/84 130/84	BiP (mmHg)	ORGANJ VARANASI (TREADMIL TEST S Protocol BRUCE History Hyperansio Medication? TAB T Medication? TAB T
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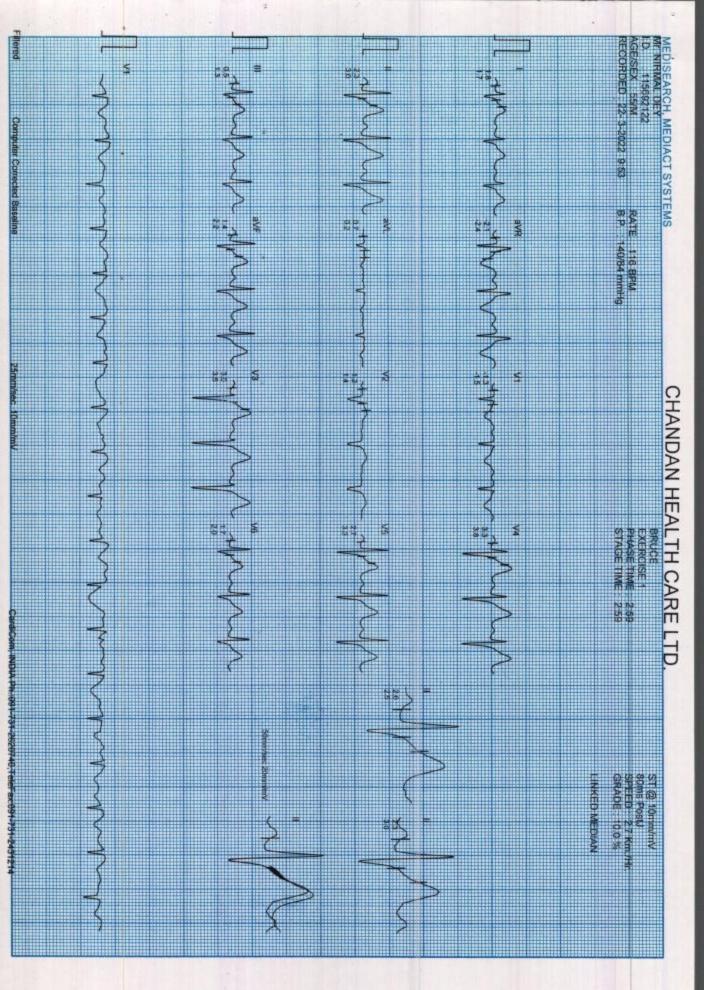
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DISEARCH, MEDIACT SYSTEMS

CHANDAN HEALTH CARE LTD

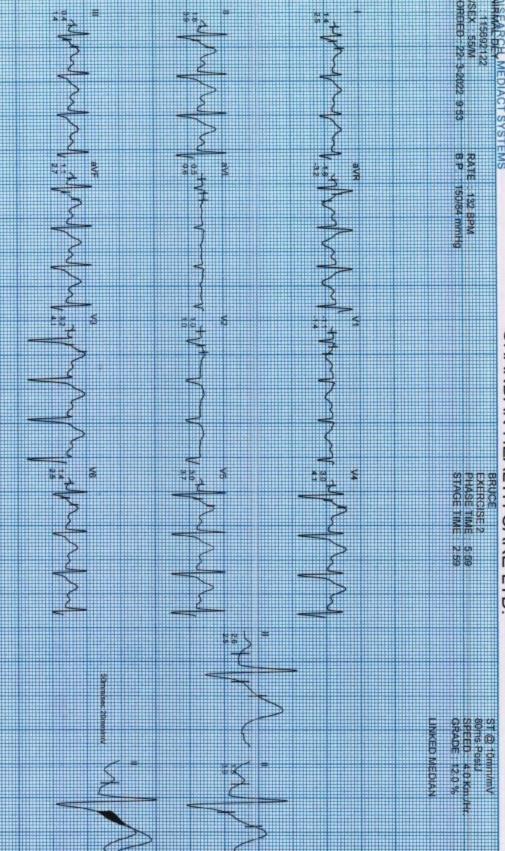
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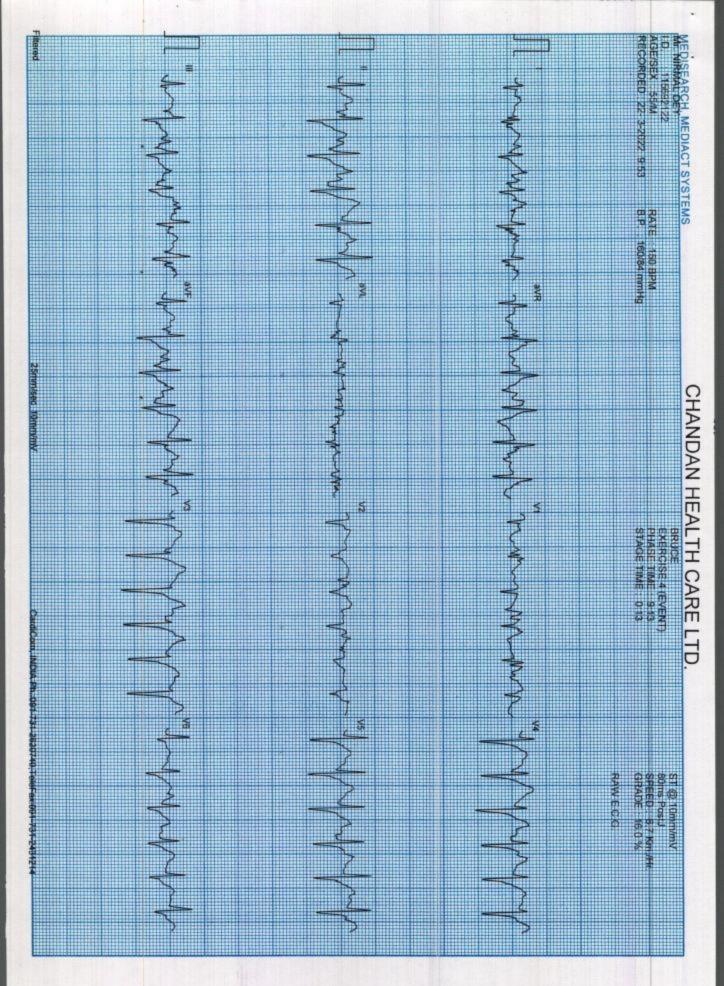
MEDI SYSTEMS

CHANDAN HEALTH CARE LTD



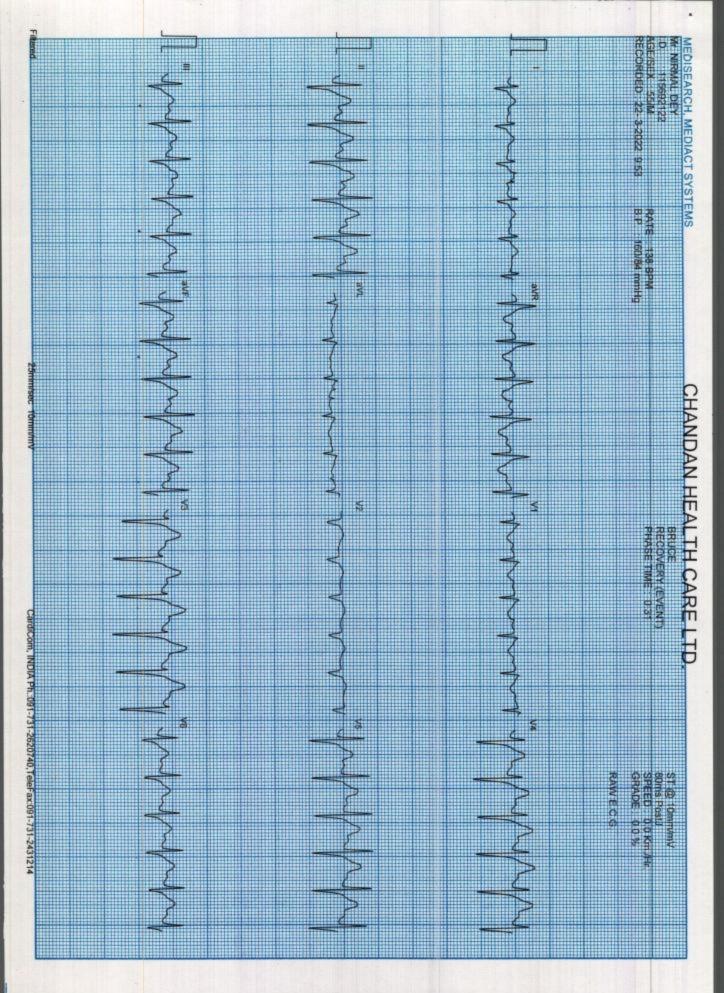


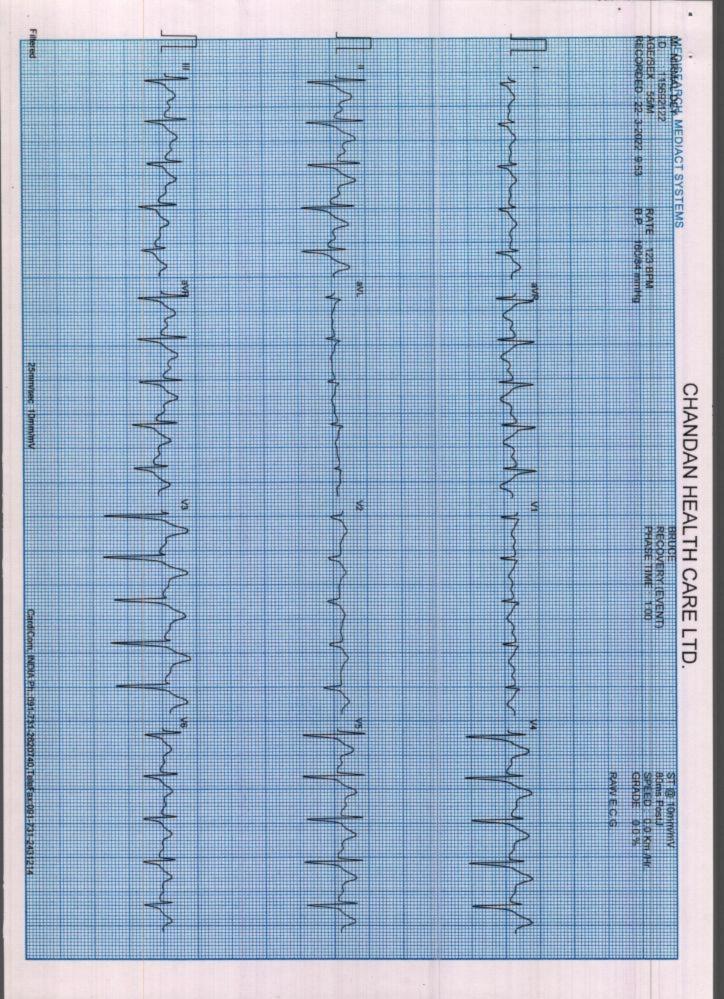
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Mr hulting when the		AN REAL TO THE AND	Man Bar Mar Mar	My " " " " " " " "	Why tryte when "	CHANDAN HEALTH CARE LTD. BRUCE PEAK EXER PHASE TIME 9.17 STAGE TIME 9.17
		AN MANA		March March	W-W-W-W-W-W	ST @ 10mm/wV doms Possi GRADE : 16.0 % MIXED E.C.G

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CHANDAN HEALTH CARE LTD

SYSTEMS

12122 . Warner RECOVERY (EVENT) ECG

EDISEARCH, MEDIACT SYSTEMS

AEDICAID SYSTEMS

365, L&, PHASE2 BPM : 84 BP :: 130054 P Axis : 74 deg DRS Axis : 74 deg T Axis : 63 deg T Axis : 63 deg

PR durati GTRS durati GTC Intervo CTC Intervo Raw E C.

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Z.

e NIRMAL DEY de :SOM Ref by Inducation1 Inducation2 COMMENTS : Old Sept



Name of Company: Mediwheel Name of Executive: NIrmal Doy Date of Birth: 05 1.07 1.9.6.6. Sex: Male / Female Height: 172.CMs Weight: A.Y. KGs BMI (Body Mass Index) : 28. 4 Chest (Expiration / Inspiration) 91 / 96 CMs Abdomen: 90......CMs Blood Pressure: 130 / 89 mm/Hg Pulse:BPM - Regular / Irregalar RR:Resp/Min Ident Mark: Scar on Rof Hand. Any Allergies: Mo Vertigo: No Any Medications: B Taking Med. For Hyperstension. Tab Telma AM-1; De For Thysoid - Thysoxin - 1783 - Dr. BP Singl Any Surgical History: Habits of alcoholism/smoking/tobacco: Chief Complaints if any: Lab Investigation Reports: Yes Alt. Eye Check up vision & Color vision: womal & feading glass - 7 y.g. Left eye. + 2.00. Right eye: + 2.0 D. Nomal E glass Near vision: Far vision : Non 1800-419-0002



Registered On

Collected

Received

: 22/Mar/2022 09:10:50

: 22/Mar/2022 10:52:43

: 22/Mar/2022 10:57:54



Patient Name

Age/Gender

UHID/MR NO

Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206

: Mr.NIRMAL DEY-PKG10000236

: 55 Y 0 M 0 D /M

: CVAR.0000027289



Visit ID Ref Doctor	: CVAR0115692122 : Dr.Mediwheel - Arcofer	ni Health Care Lte	Reported d. Status	: 22/Mar/2022 1 : Final Report	3:46:46
		DEPARTMENT	OF HAEMATC	DLOGY	
	MEDIWH	IEEL BANK OF E		E ABOVE 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Plead Crown / A	PO 9 Ph turing) * start				
	\BO & Rh typing) * , Blood				
Blood Group		A			
Rh (Anti-D)		POSITIVE			
Complete Bloo	d Count (CBC) * , Blood				
Haemoglobin		13.30	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	
			24	2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/d 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl	Carter
				Female- 12.0-15.5 g/d	I
TLC (WBC) <u>DLC</u>		5,800	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Ne	eutrophils)	70.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	•	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR		0.00	%	<1	ELECTRONIC IMPEDANCE
		10.00	Mm for 1st hr.		
Observed Corrected		10.00 6.00	Mm for 1st hr.		
PCV (HCT)		40.80	CC %	40-54	
Platelet count		10.00			
Platelet Count		1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet D	istribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet L	•	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet He	matocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE

ELECTRONIC IMPEDANCE

ELECTRONIC IMPEDANCE



RBC Count RBC Count

MPV (Mean Platelet Volume)

nr

4.53

fL

Mill./cu mm 4.2-5.5

6.5-12.0



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRMAL DEY-PKG10000236	Registered On	: 22/Mar/2022 09:10:50
Age/Gender	: 55 Y 0 M 0 D /M	Collected	: 22/Mar/2022 10:52:43
UHID/MR NO	: CVAR.0000027289	Received	: 22/Mar/2022 10:57:54
Visit ID	: CVAR0115692122	Reported	: 22/Mar/2022 13:46:46
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	90.00	fl	80-100	CALCULATED PARAMETER
МСН	29.40	pg	28-35	CALCULATED PARAMETER
МСНС	32.70	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,850.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	110.00	/cu mm	40-440	



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

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRMAL DEY-PKG10000236	Registered On	: 22/Mar/2022 09:10:50
Age/Gender	: 55 Y 0 M 0 D /M	Collected	: 22/Mar/2022 15:11:39
UHID/MR NO	: CVAR.0000027289	Received	: 22/Mar/2022 15:12:23
Visit ID	: CVAR0115692122	Reported	: 22/Mar/2022 15:50:16
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	107.00	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	135.00	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			140-199 Pre-diabetes >200 Diabetes	

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





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRMAL DEY-PKG10000236	Registered On	: 22/Mar/2022 09:10:51
Age/Gender	: 55 Y 0 M 0 D /M	Collected	: 22/Mar/2022 10:52:43
UHID/MR NO	: CVAR.0000027289	Received	: 23/Mar/2022 11:31:14
Visit ID	: CVAR0115692122	Reported	: 23/Mar/2022 13:10:11
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	
GLYCOSYLATED HAEMOGLOBIN (HBA1C	** , EDTA BLOOD				
	с <u>20</u>				

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	105	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

*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.



Home Sample Collection 1800-419-0002



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



ſ	Patient Name	: Mr.NIRMAL DEY-PKG10000236	Registered On	: 22/Mar/2022 09:10:51
	Age/Gender	: 55 Y 0 M 0 D /M	Collected	: 22/Mar/2022 10:52:43
	UHID/MR NO	: CVAR.0000027289	Received	: 23/Mar/2022 11:31:14
	Visit ID	: CVAR0115692122	Reported	: 23/Mar/2022 13:10:11
	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

Method

Bio. Ref. Interval

<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

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 M.B.B.S,M.D.(Pathology)





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.NIRMAL DEY-PKG10000236 : 55 Y 0 M 0 D /M : CVAR.0000027289 : CVAR0115692122 : Dr.Mediwheel - Arcofemi Health C	Registered On Collected Received Reported are Ltd. Status	: 22/Mar/2022 09:1 : 22/Mar/2022 10:5 : 22/Mar/2022 10:5 : 22/Mar/2022 14:1 : Final Report	2:43 7:54
	DEPART	MENT OF BIOCHEMIS	ſRY	
	MEDIWHEEL BANI	K OF BARODA MALE A	BOVE 40 YRS	
Test Name	Res	sult Unit	Bio. Ref. Interval	Method
BUN (Blood Urea N Sample:Serum	litrogen) 9.(60 mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.9	90 mg/dl	0.7-1.3	MODIFIED JAFFES
	Glomerular Filtration 101	.00 ml/min/1.73m	12 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	7.(00 mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	25.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	22.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	35.90	/ 🖉 IU/L 🥖	11-50	OPTIMIZED SZAZING
Protein	6.80	gm/dl	6.2-8.0	BIRUET
Albumin	4.30	gm/dl	3.8-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.72		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	46.90	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	203.00	mg/dl	<200 Desirable 200-239 Borderline Higł > 240 High	CHOD-PAP า
HDL Cholesterol (Good Cholesterol)	47.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	123	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	32.68	mg/dl	10-33	CALCULATED
Triglycerides	163.40	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP 1

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRMAL DEY-PKG10000236	Registered On	: 22/Mar/2022 09:10:51
Age/Gender	: 55 Y 0 M 0 D /M	Collected	: 22/Mar/2022 10:52:43
UHID/MR NO	: CVAR.0000027289	Received	: 22/Mar/2022 10:57:54
Visit ID	: CVAR0115692122	Reported	: 22/Mar/2022 14:12:58
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

200-499 High >500 Very High



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

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRMAL DEY-PKG10000236	Registered On	: 22/Mar/2022 09:10:50
Age/Gender	: 55 Y 0 M 0 D /M	Collected	: 22/Mar/2022 15:11:39
UHID/MR NO	: CVAR.0000027289	Received	: 22/Mar/2022 15:12:23
Visit ID	: CVAR0115692122	Reported	: 22/Mar/2022 15:51:32
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE * ,	Urine			
Color	PALE YELLOW			
Specific Gravity	1.015			
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	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		and the second	
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
Others	ABSENT			EXAMINATION
Others	ADSENT			
UGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
		0		

Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5 \\ (+++) & 1 \\ (+++) & 1 \\ (++++) & > 2 \end{array}$

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRMAL DEY-PKG10000236	Registered On	: 22/Mar/2022 09:10:50
Age/Gender	: 55 Y 0 M 0 D /M	Collected	: 22/Mar/2022 15:11:39
UHID/MR NO	: CVAR.0000027289	Received	: 22/Mar/2022 15:12:23
Visit ID	: CVAR0115692122	Reported	: 22/Mar/2022 15:51:32
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

SUGAR, PP STAGE * , Urine

Sugar, PP Stage

ABSENT

Interpretation:

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



S. M. Sinton Dr.S.N. Sinha (MD Path)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRMAL DEY-PKG10000236	Registered On	: 22/Mar/2022 09:10:51
Age/Gender	: 55 Y 0 M 0 D /M	Collected	: 22/Mar/2022 10:52:43
UHID/MR NO	: CVAR.0000027289	Received	: 23/Mar/2022 10:21:03
Visit ID	: CVAR0115692122	Reported	: 23/Mar/2022 12:08:02
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 **	0.300	ng/mL	< 3.0	CLIA
Sample:Serum	0.300	lig/IIIL	< 5.0	CLIA

Interpretation:

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 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)	76.24	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	3.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	36.13	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	µIU/mL	First Trimest	ter	
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.





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRMAL DEY-PKG10000236	Registered On	: 22/Mar/2022 09:10:51
Age/Gender	: 55 Y 0 M 0 D /M	Collected	: 22/Mar/2022 10:52:43
UHID/MR NO	: CVAR.0000027289	Received	: 23/Mar/2022 10:21:03
Visit ID	: CVAR0115692122	Reported	: 23/Mar/2022 12:08:02
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	

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 M.B.B.S,M.D.(Pathology)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRMAL DEY-PKG10000236	Registered On	: 22/Mar/2022 09:10:52
Age/Gender	: 55 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000027289	Received	: N/A
Visit ID	: CVAR0115692122	Reported	: 22/Mar/2022 11:36:59
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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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRMAL DEY-PKG10000236	Registered On	: 22/Mar/2022 09:10:52
Age/Gender	: 55 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000027289	Received	: N/A
Visit ID	: CVAR0115692122	Reported	: 22/Mar/2022 10:21:44
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) *

- LIVER: Normal in size (13.3 cm), 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 3.4 mm in caliber.
- PORTAL VEIN: It measures 13 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 (9.3. cm), shape and echogenicity.
- **RIGHT KIDNEY**: Normal in size (10.4 x 4.5 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.
- LEFT KIDNEY: Size (11.7 x 5.0 cm).Renal cortical cyst measuring 46 x 45 mm is noted in interpolar region of left kidney.
- URINARY BLADDER :- Normal in shape, outline and distension. No e/o wall thickening / calculus.Prevoid urine volume 64 cc.
- **PROSTATE :-** Normal in size (42 x 33 x 27 mm/21 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 :

- Left renal cortical cyst.
- Rest of the abdominal organs are normal.

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: <u>STOOL_ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)</u>



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*

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

Latitude 25.305399° LOCAL 09:35:35 GMT 04:05:35 Longitude 82.979061°

TUESDAY 03.22.2022 ALTITUDE 22 METER





Dental check up : Nmal ENT Check up : Normal Eye Checkup: Normal

Final impression

Nirvaldey Slo or D/o Certified that I examined is presently in good health and free from any cardio-respiratory/communicable ailment, he/she is fit / Unfit to join any organization.

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

Client Signature :-

Signature of Medical Examiner Name & Qualification - Dr: R. C. Roy (MBBS, MD)

Date 22 / 03 12022, Place Naranoy

