

Chandan Diagnostic

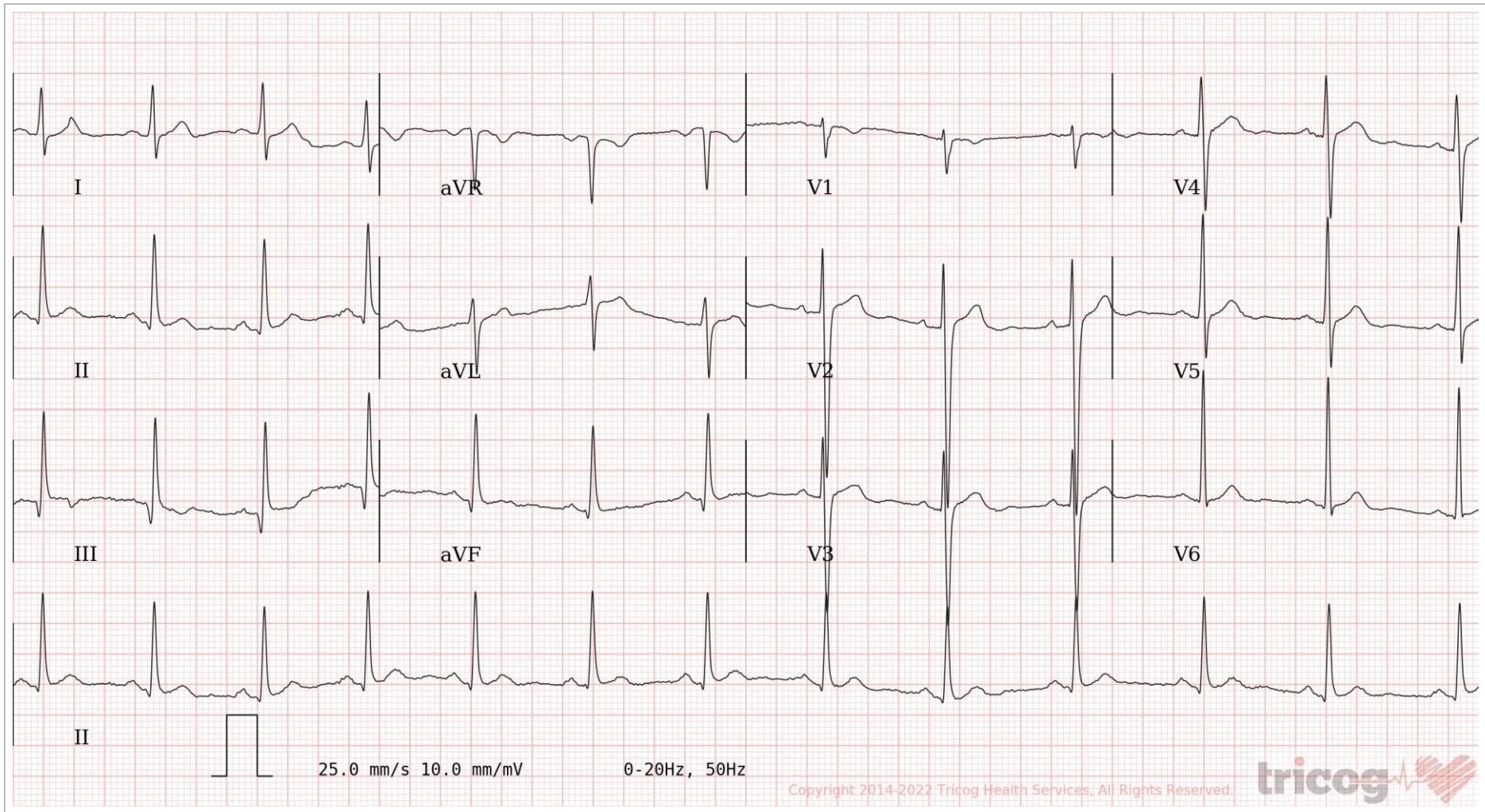


Age / Gender: 37/Male

Date and Time: 09th Oct 22 11:25 AM

Patient ID: CVAR0052702223

Patient Name: Mr. RAMA SHANKAR PAL-PKG10000238



AR: 78bpm VR: 78bpm QRSD: 88ms QT: 332ms QTc: 378ms PRI: 156ms P-R-T: 56° 77° 37°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Serrao Janice George

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



CHANDAN DIAGNOSTIC CENTRE

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



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.RAMA SHANKAR PAL-PKG10000238 | Registered On | : 09/Oct/2022 09:42:42 |
| Age/Gender | : 37 Y 0 M 0 D /M | Collected | : 09/Oct/2022 10:39:55 |
| UHID/MR NO | : CVAR.0000032579 | Received | : 09/Oct/2022 11:15:57 |
| Visit ID | : CVAR0052702223 | Reported | : 09/Oct/2022 13:22:40 |
| 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 Group (ABO & Rh typing) * , Blood

| | |
|--------------|----------|
| Blood Group | O |
| Rh (Anti-D) | POSITIVE |

Complete Blood Count (CBC) * , Whole Blood

| | | | | |
|-----------------------------------|-------|----------------|--|----------------------------------|
| Haemoglobin | 14.10 | 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 | |
| TLC (WBC) | 4,300 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 50.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 45.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 3.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 2.00 | % | 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) | 42.60 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.15 | 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 | 5.21 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |





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DEPARTMENT OF HAEMATOLOGY

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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------------------------|-----------------|--------|--------------------|----------------------|
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 81.80 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 27.00 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 33.00 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 12.90 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 40.10 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 2,150.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 86.00 | /cu mm | 40-440 | |



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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|--------------|--|---------------|------------------------|
| Patient Name | : Mr.RAMA SHANKAR PAL-PKG10000238 | Registered On | : 09/Oct/2022 09:42:44 |
| Age/Gender | : 37 Y 0 M 0 D /M | Collected | : 09/Oct/2022 10:39:55 |
| UHID/MR NO | : CVAR.0000032579 | Received | : 09/Oct/2022 11:15:57 |
| Visit ID | : CVAR0052702223 | Reported | : 09/Oct/2022 13:27:42 |
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

GLUCOSE FASTING , Plasma

| | | | | |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 83.40 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|-------|-------|--|---------|

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.

Glucose PP

Sample: Plasma After Meal

| | | | |
|--------|-------|--|---------|
| 130.00 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 Diabetes | GOD POD |
|--------|-------|--|---------|

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.

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) | 96 | 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.





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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 | 8.00 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample:Serum | 0.90 | mg/dl | 0.7-1.3 | MODIFIED JAFFES |
| Uric Acid Sample:Serum | 5.30 | mg/dl | 3.4-7.0 | URICASE |

LFT (WITH GAMMA GT) * , Serum





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|-------------------|
| SGOT / Aspartate Aminotransferase (AST) | 29.10 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 28.50 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 22.50 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 7.20 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.60 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 2.60 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.77 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 78.70 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.50 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.20 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.30 | mg/dl | < 0.8 | JENDRASSIK & GROF |

LIPID PROFILE (MINI) , Serum

| | | | | |
|------------------------------------|--------|-------|---|------------------|
| Cholesterol (Total) | 208.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 43.60 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 147 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 17.54 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 87.70 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |



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| Patient Name | : Mr.RAMA SHANKAR PAL-PKG10000238 | Registered On | : 09/Oct/2022 09:42:43 |
| Age/Gender | : 37 Y 0 M 0 D /M | Collected | : 09/Oct/2022 12:08:24 |
| UHID/MR NO | : CVAR.0000032579 | Received | : 09/Oct/2022 16:49:11 |
| Visit ID | : CVAR0052702223 | Reported | : 09/Oct/2022 16:49:56 |
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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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

URINE EXAMINATION, ROUTINE * , Urine

| | | | | |
|---------------------------------|----------------|-------|--|-------------------------|
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.030 | | | |
| Reaction PH | Acidic (6.5) | | | 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 | 0-1/h.p.f | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE * , Urine

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

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%



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





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| UHID/MR NO | : CVAR.0000032579 | Received | : 09/Oct/2022 14:30:48 |
| Visit ID | : CVAR0052702223 | Reported | : 09/Oct/2022 14:45:56 |
| 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

THYROID PROFILE - TOTAL * , Serum

| | | | | |
|-----------------------------------|-------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 98.00 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 4.56 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 3.88 | 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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|--------------|--|---------------|------------------------|
| Patient Name | : Mr.RAMA SHANKAR PAL-PKG10000238 | Registered On | : 09/Oct/2022 09:42:45 |
| Age/Gender | : 37 Y 0 M 0 D /M | Collected | : N/A |
| UHID/MR NO | : CVAR.0000032579 | Received | : N/A |
| Visit ID | : CVAR0052702223 | Reported | : 10/Oct/2022 09:17:40 |
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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**

***** End Of Report *****

Result/s to Follow:

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



Raz

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

Page 9 of 9



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



Since 1991

CHANDAN DIAGNOSTIC CENTRE



Name of Company: *mediwheel*

Name of Executive: *Rama Shankar pal*

Date of Birth: *20/06/1985*

Sex: Male / Female

Height: *1.56*.....CMs

Weight: *58*.....KGs

BMI (Body Mass Index) :

Chest (Expiration / Inspiration) *82/87*.....CMs

Abdomen: *78*.....CMs

Blood Pressure: *120/80*.....mm/Hg

Pulse: *80*.....BPM - **Regular** / Irregular

RR: *11*.....Resp/Min

Ident Mark: *None*

Any Allergies: *no*

Vertigo : *no*

Any Medications: *no*

Any Surgical History: *no*

Habits of alcoholism/smoking/tobacco: *no*

Chief Complaints if any: *NO*

Lab Investigation Reports: *NO*

Eye Check up vision & Color vision: *yes*

Left eye: *yes*

Right eye: *yes*

Near vision: *yes*

Far vision : *yes*

Dental check up : *yes*





Since 1991

CHANDAN DIAGNOSTIC CENTRE



ENT Check up :

Normal

Eye Checkup:

Normal

Final impression

Rama Shankar Pal

Certified that I examined 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.

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...*10/10*.../2022, Place - VARANASIS



Issue Date: 25/11/2014



भारत सरकार

Government of India



रमा शंकर पाल

Rama Shankar Pal

जन्म तिथि / DOB : 20/06/1985

पुरुष / Male

9107 4581 7811



मेरा आधार, मेरी पहचान