

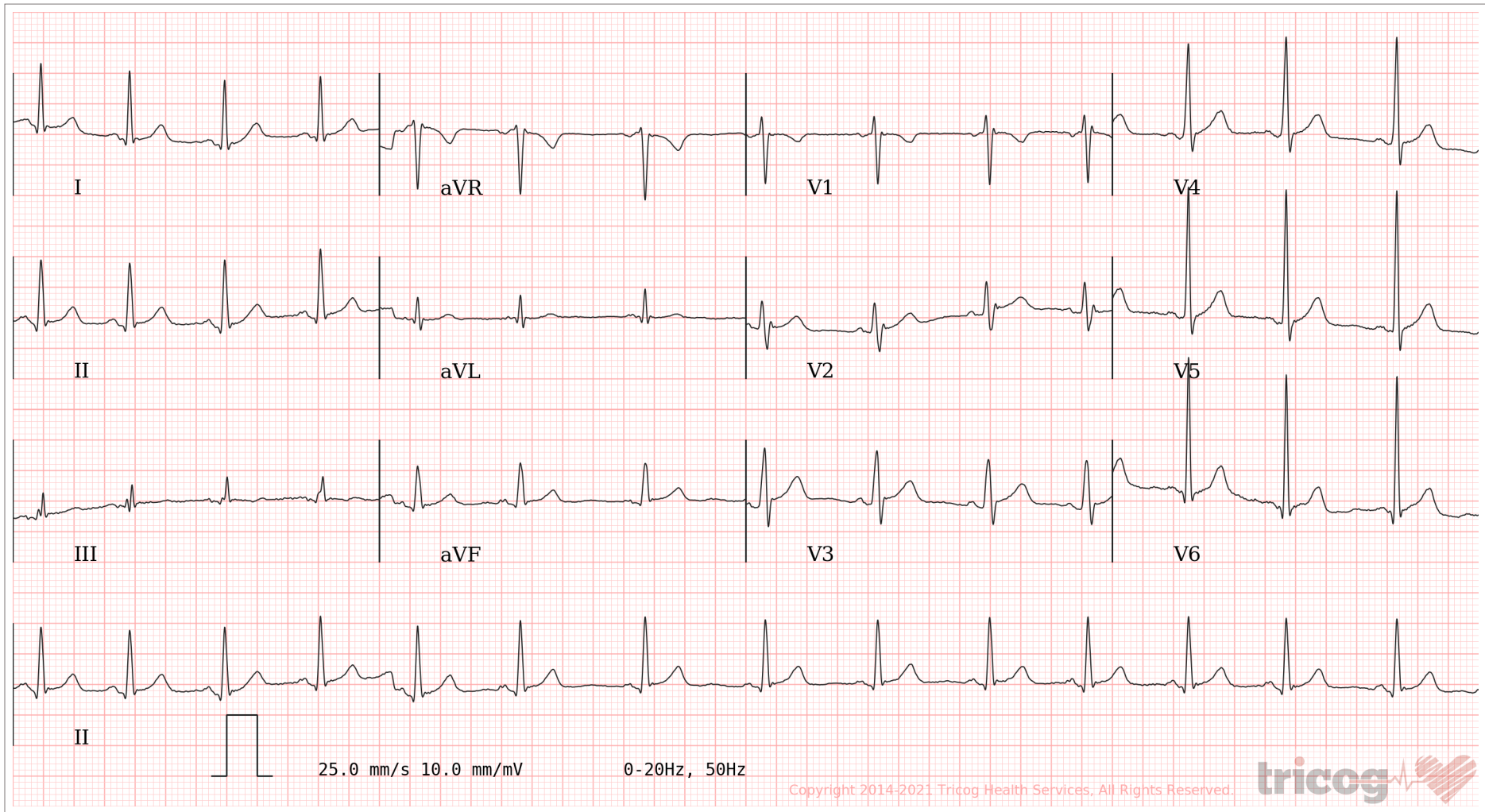


Age / Gender: 36/Male

Date and Time: 29th Oct 21 11:19 AM

Patient ID: CVAR0074172122

Patient Name: Mr.ANUJ KUMAR SHARMA-PKG10000238



AR: 88 bpm VR: 88 bpm QRSD: 94 ms QT: 340 ms QTc: 411 ms PRI: 114 ms P-R-T: 46° 45° 48°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Ponnambalam



भारत सरकार

Government of India



अनुज कुमार शर्मा

Anuj Kumar Sharma

जन्म तिथि / DOB : 27/12/1985

पुरुष / Male



6882 8580 3255

मेरा आधार, मेरी पहचान



Since 1991



CHANDAN DIAGNOSTIC CENTRE

Name of Company: *medi wheel*

Name of Executive: *Anuj Kumar Sharma*

Date of Birth:

Sex: *male*

Height: *171 cm*

Weight: *65 kg.*

BMI (Body Mass Index): *22.2*

Chest (Expiration / Inspiration) *86/90 cm*

Abdomen: *77 cm*

Blood Pressure: *122/78*

Pulse: *86 BPM*

RR: *16*

Ident Mark: *Cut mark on ft eyebrow*

Any Allergies: *No*

Vertigo: *No*

Any Medications: *No*

Any Surgical History: *Postoperated fracture of Rt wrist (2018)
papular nose.*

Habits of alcoholism/smoking/tobacco: *Alcohol. - 200ml Beer / Month*

Chief Complaints if any: *No*

Lab Investigation Reports: *Yes Attached,*

Eye Check up vision & Color vision: *Normal & power glass since 1075*

Left eye: *Normal*

Right eye: *Normal*

Near vision: *Normal*



CHANDAN DIAGNOSTIC CENTRE

Far vision : *Normal*
Dental check up : *normal*
ENT Check up : *Normal*
Eye Checkup: *Normal*

Final impression

Certified that I examined *Anuj / Dr. Sharma* 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 :-




.....
Signature of Medical Examiner

Name & Qualification *Dr. R.C. Roy, MBBS, MD*

Date *29/10/21* Place *Varanasi*

Dr. R.C. ROY
MBBS, MD. (Radio Diagnosis)
Reg. No. *28918*



CHANDAN DIAGNOSTIC CENTRE

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



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Visit ID	: CVAR0074172122	Reported	: 29/Oct/2021 13:37:53
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
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	B
Rh (Anti-D)	POSITIVE

COMPLETE BLOOD COUNT (CBC) * , Blood

Haemoglobin	16.40	mg/dl	Male-13.5-17.5 mg/dl Female-12.0-15.5mg/dl	
TLC (WBC)	7,400	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	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)	45.80	cc %	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.90	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	5.60	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	81.80	fl	80-100	CALCULATED PARAMETER
MCH	29.40	pg	28-35	CALCULATED PARAMETER
MCHC	35.90	%	30-38	CALCULATED PARAMETER
RDW-CV	13.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,440.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	296.00	/cu mm	40-440	





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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 <i>Sample: Plasma</i>	100.00	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 = Impaired Glucose Tolerance.

Glucose PP <i>Sample: Plasma After Meal</i>	140.00	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 = Impaired 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)	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.

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.





CHANDAN DIAGNOSTIC CENTRE

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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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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
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) *	8.80	mg/dL	7.0-23.0	CALCULATED
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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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Sample: Serum

Creatinine	0.90	mg/dl	0.7-1.3	MODIFIED JAFFES
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Sample: Serum

e-GFR (Estimated Glomerular Filtration Rate)	102.00	ml/min/1.73m ²	- 90-120 Normal - 60-89 Near Normal	CALCULATED
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Sample: Serum

Uric Acid	7.00	mg/dl	3.4-7.0	URICASE
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Sample: Serum

L.F.T.(WITH GAMMA GT) * , Serum

SGOT / Aspartate Aminotransferase (AST)	50.30	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	65.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	38.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.00	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	2.80	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.50		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	124.10	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)	171.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	43.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	89	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	38.60	mg/dl	10-33	CALCULATED
Triglycerides	193.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



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





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Patient Name	: Mr.ANUJ KUMAR SHARMA-PKG10000238	Registered On	: 29/Oct/2021 10:00:05
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 29/Oct/2021 13:38:44
UHID/MR NO	: CVAR.0000023292	Received	: 29/Oct/2021 13:39:00
Visit ID	: CVAR0074172122	Reported	: 29/Oct/2021 13:40:07
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
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URINE EXAMINATION, ROUTINE * , Urine

Color	PALE YELLOW			
Specific Gravity	1.025			
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			DIPSTICK
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			MICROSCOPIC EXAMINATION
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%



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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)	102.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	4.45	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.99	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.ANUJ KUMAR SHARMA-PKG1000238	Registered On	: 29/Oct/2021 10:00:06
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000023292	Received	: N/A
Visit ID	: CVAR0074172122	Reported	: 29/Oct/2021 13:18:36
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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION : N O R M A L S K I A G R A M



Dr Raveesh Chandra Roy (MD-Radio)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

- The liver measures 12.8 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 is well distended. Hyperechoic foci, shadowing distally, varying in diameter from 6 to 10 mm and about 8 in number are seen in GB lumen. These foci move with gravity. GB wall thickness 2.8 mm.
- Portal vein measures 9.9 mm in caliber. CBD measures 3.8 mm in caliber.
- Pancreas is normal in size, shape and echogenicity.
- Spleen is normal in size (9.8 cm in its long axis), shape and echogenicity.
- Right kidney measures : 10.2 x 3.8 cm. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures : 11.1 x 4.8 cm. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen. Prevoid urine volume 285 cc.
- The prostate is normal in size (32 x 26 x 23mm/11gms), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

IMPRESSION :

- **Cholelithiasis.**
- **Rest of the abdominal organs are normal.**

Please correlate clinically.

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

Result/s to Follow:
STOOL, ROUTINE EXAMINATION, 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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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