Chandan Diagnostic

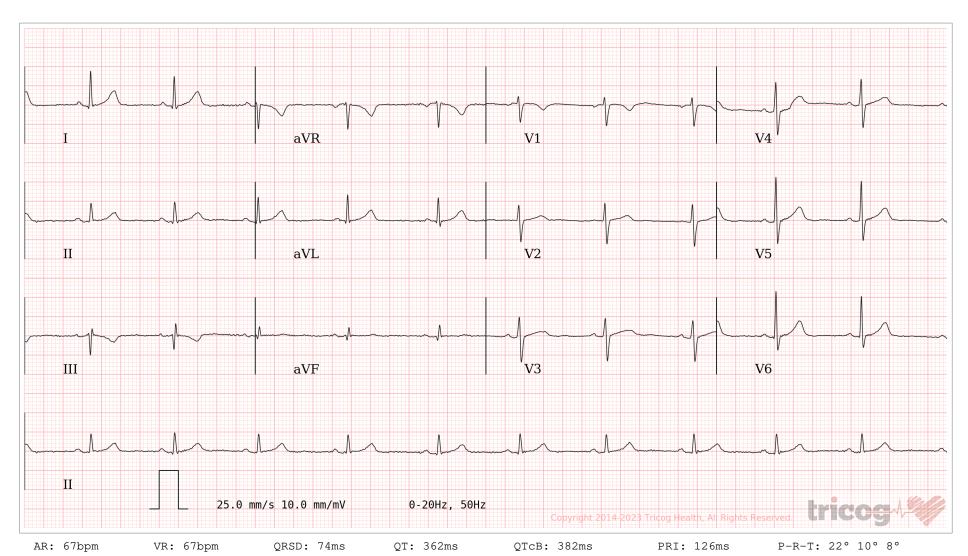


Age / Gender: 36/Female

Date and Time: 28th Oct 23 9:48 AM

Patient ID: CVAR0070092324

Patient Name: Mrs.SHEELAM SINGH - BOBS46190



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

AUTHORIZED BY

REPORTED BY



Dr. Charit MD, DM: Cardiology

Dr Prathima

63382

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.





CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHEELAM SINGH - BOBS46190 Registered On : 28/Oct/2023 08:31:11 Age/Gender : 36 Y 0 M 0 D /F Collected : 28/Oct/2023 10:07:29 UHID/MR NO : CVAR.0000043238 Received : 28/Oct/2023 10:17:55 Visit ID : CVAR0070092324 Reported : 28/Oct/2023 11:25:15

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
Blood Group (ABO & Rh typing) * , Bloo	nd			
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE
Rh (Anti-D)	POSITIVE			AGGLUTINA ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE
				AGGLUTINA
Complete Blood Count (CBC) * , Whole E	Blood			
Haemoglobin	11.00	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl	
		13	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	
TI C (14/DC)	4.000.00	10	Female- 12.0-15.5 g/d	
TLC (WBC) <u>DLC</u>	4,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	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
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT) Platelet count	33.10	%	40-54	
Platelet Count	1.87	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









CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHEELAM SINGH - BOBS46190 Registered On : 28/Oct/2023 08:31:11 Age/Gender : 36 Y 0 M 0 D /F Collected : 28/Oct/2023 10:07:29 UHID/MR NO : CVAR.0000043238 Received : 28/Oct/2023 10:17:55 Visit ID : CVAR0070092324 Reported : 28/Oct/2023 11:25:15 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTM ENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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	3.58	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	92.30	fΙ	80-100	CALCULATED PARAMETER
MCH	30.80	pg	28-35	CALCULATED PARAMETER
MCHC	33.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,880.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	96.00	/cu mm	40-440	

S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHEELAM SINGH - BOBS46190 Registered On : 28/Oct/2023 08:31:12 Age/Gender Collected : 36 Y 0 M 0 D /F : 28/Oct/2023 10:07:28 UHID/MR NO : CVAR.0000043238 Received : 28/Oct/2023 10:17:56 Visit ID : CVAR0070092324 Reported : 28/Oct/2023 11:37:03

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

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 80.80 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes

≥ 126 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. Sinha (MD Path)











Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHEELAM SINGH - BOBS46190 : 28/Oct/2023 08:31:13 Registered On Collected Age/Gender : 36 Y 0 M 0 D /F : 28/Oct/2023 10:07:28 UHID/MR NO : CVAR.0000043238 Received : 29/Oct/2023 11:12:43 Visit ID : CVAR0070092324 Reported : 29/Oct/2023 12:02:44 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLYCOSYLATED HABMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	28.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	88	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.

N.B.: Test carried out on Automated VARIANT II TURBO 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





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHEELAM SINGH - BOBS46190 Age/Gender : 36 Y 0 M 0 D /F Registered On Collected : 28/Oct/2023 08:31:13 : 28/Oct/2023 10:07:28

UHID/MR NO Visit ID

Ref Doctor

: CVAR.0000043238 : CVAR0070092324 : Dr.MEDIWHEEL VNS -

Received : Reported :

: 29/Oct/2023 11:12:43 : 29/Oct/2023 12:02:44

Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)





^{*}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.





CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHEELAM SINGH - BOBS46190 Registered On : 28/Oct/2023 08:31:13 Age/Gender : 36 Y 0 M 0 D /F Collected : 28/Oct/2023 10:07:28 UHID/MR NO : CVAR.0000043238 Received : 28/Oct/2023 10:17:56 Visit ID : CVAR0070092324 Reported : 28/Oct/2023 11:36:50 : Final Report Ref Doctor : Dr.MEDIWHEEL VNS -Status

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	7.30	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.90	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample:Serum	5.80	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect)	62.60 77.20 16.90 6.50 3.60 2.90 1.24 82.40 0.70 0.30 0.40	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	<35 <40 11-50 6.2-8.0 3.4-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 <0.30 <0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIURET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF
Cholesterol (Total)	178.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	48.40 114	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL Triglycerides	15.52 77.60	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P S. M. Linda Dr.S.N. Sinha (MD Path)







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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHEELAM SINGH - BOBS46190 Registered On

: 28/Oct/2023 08:31:13 : 28/Oct/2023 10:07:29

Age/Gender UHID/MR NO : 36 Y 0 M 0 D /F

Collected Received

: 28/Oct/2023 10:17:56

Visit ID

: CVAR.0000043238 : CVAR0070092324

Reported

Ref Doctor

: Dr.MEDIWHEEL VNS -

Status

: 28/Oct/2023 14:01:56

: 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*, Un	ine			
Color Specific Gravity Reaction PH	PALE YELLOW 1.030 Acidic (6.5)		410 Absort	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	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution) Microscopic Examination:	ABSENT			
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells .	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE*, Urine				
Sugar Easting stage	ADSENT	amc%		

S

Sugar, Fasting stage **ABSENT** gms%

Interpretation:

(+)< 0.5

0.5-1.0 (++)

(+++) 1-2

(++++) > 2

S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHEELAM SINGH - BOBS46190 Registered On : 28/Oct/2023 08:31:13 Age/Gender Collected : 36 Y 0 M 0 D /F : 28/Oct/2023 10:07:28 UHID/MR NO : CVAR.0000043238 Received : 28/Oct/2023 18:48:56 Visit ID : CVAR0070092324 Reported : 28/Oct/2023 18:52:37 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. Interva	l Method
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	139.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.53	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.800	μIU/mL	0.27 - 5.5	CLIA
		,		
Interpretation:				
		0.3-4.5 $\mu IU/r$	nL First Trimes	ster
		0.5-4.6 µIU/r	nL Second Trir	mester
		0.8-5.2 µIU/r		ester
		0.5-8.9 µIU/r	nL Adults	55-87 Years
		0.7-27 $\mu IU/r$	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r	nL Child(21 wk	x - 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/r	nL 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.

S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHEELAM SINGH - BOBS46190 Registered On : 28/Oct/2023 08:31:15

 Age/Gender
 : 36 Y 0 M 0 D /F
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000043238
 Received
 : N/A

Visit ID : CVAR0070092324 Reported : 28/Oct/2023 11:00:10

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

- 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)







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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHEELAM SINGH - BOBS46190 Registered On : 28/Oct/2023 08:31:16

 Age/Gender
 : 36 Y 0 M 0 D /F
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000043238
 Received
 : N/A

Visit ID : CVAR0070092324 Reported : 28/Oct/2023 10:36:48

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOM EN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size (10.9 cm in middavicular line) and has a normal homogenous echo texture. No focal lesion is seen. (Note: - Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (9.7 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (3.2 mm in caliber) not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Right kidney:-
 - Right kidney is normal in size, measuring ~ 9.3 x 3.4 cms.
 - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.
- Left kidney:-
 - Left kidney is normal in size, measuring ~ 9.4 x 3.6 cms.
 - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.



Home Sample Collection 1800-419-0002





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHEELAM SINGH - BOBS46190 Registered On : 28/Oct/2023 08:31:16

 Age/Gender
 : 36 Y 0 M 0 D /F
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000043238
 Received
 : N/A

Visit ID : CVAR0070092324 Reported : 28/Oct/2023 10:36:48

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

SPLEEN

 The spleen is normal in size (~ 8.5 cm in its long axis) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

• Scan over the iliac fossae does not reveal any fluid collection or large mass.

URINARY BLADDER

- The urinary bladder is adequately filled. Bladder wall is normal in thickness and is regular.
- Pre-void urine volume is ~ 161 cc.
- Bilateral vesicoureteric junctions are normal.

UTERUS & CERVIX

- The uterus size (~ 77 x 49 x 42 mm / 87 cc). It shows homogenous myometrial echotexture.
- The endometrial echo is seen in mid line (endometrial thickness ~ 5.1 mm).
- Cervix is normal.

ADNEXA & OVARIES

- Both ovaries are visualized.
- Unruptured follicle 26 mm in diameter seen in left ovary.
- Minimal fluid collection seen in posterior culdesac physiological

FINAL IM PRESSION:-

No significant sonological abnormality noted.

<u>; Clinico-pathological-correlation /further evaluation & Follow up</u>

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG

Bont

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











Name of Company:
Name of Executive: Mrs. Sheelan singh
Date of Birth:
Sex: Male / Female
Height: 1.5.9CMs
Weight 5.6KGs
BMI (Body Mass Index): 23.6
Chest (Expiration / Inspiration) . J. J
Abdomen: .B.BCMs
Blood Pressure: 121/. 22mm/Hg
Pulse: .9.9BPM - Regular / Irregular
RR: 7.4Resp/Min
Ident Mark: Black mole on R+ Side Neck
Any Allergies:
Vertigo:
Any Medications:
Any Surgical History:
Habits of alcoholism/smoking/tobacco:
Chief Complaints if any:
Lab Investigation Reports: No
Eye Check up vision & Color vision: Normal & glas.
Left eye: NOH mail
Right eye: rosuna l

posimal





Near vision: NO ,	
Far vision: 616 E.g	lun
Dental check up : Voul	
ENT Check up : pur	
ENT Check up : purp Eye Checkup: purp	
	Sheelam Singh Sio or Dio Sio or Dio o
organization.	
C) Ann	
Shulary	1
Client Signature :-	Signature of Medical Examiner MBBS.,MD. (Radio Diagnosis)
	Name & Qualification - Dr. R. C. Roy Reg. No26918
	Date
	Place - VARANASI
	"andan Diagnostic Cente
	and Charlett I have and the I
	Varanasi-221010 (0.1. Phone No.:0542-2223232





भारत सरकार

Government of India



Sheelam Singh

Year of Birth: 1987

Female



6094 2716 5742

आधार - आम आदमी का अधिकार