



CHANDAN DIAGNOSTIC CENTRE

Name of Company: redured

Name of Executive: Nagendra Dubey

Date of Birth: 1010 41969

Sex: Male

Height: 170 Cm

Weight: 66 Kg.

BMI (Body Mass Index): 22.8

Chest (Expiration / Inspiration) 88 193 cm

Abdomen: 84 Cm

Blood Pressure: 128184

Pulse: 84 RPM

16 RR:

Ident Mark: Mole on Rot Check

Any Allergies: None

Vertigo: No

Any Medications:

Any Surgical History: No

Habits of alcoholism/smoking/tobacco: (1) Alcohol- occasembly - 20 4R

Chief Complaints if any: Vo

Lab Investigation Reports: 7e3 Attached

Eye Check up vision & Color vision: pornal & Powerglass - 10 49, Left eye: Normal

Right eye: Nor

Near vision: Nowl.







CHANDAN DIAGNOSTIC CENTRE

Far vision: Dental check up:

ENT Check up:

Eye Checkup:

Final impression

Certified that I examined Newyondra Dulky 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 . Prec Roy MJ81 m)

Date Of 61 Deplace Vor aver



वैक ऑफ़ बड़ीदा Bank of Baroda NAGENDRA DUBE 97707 THOLE धारक के इस्ताहर Authority (D.R.M.) Signature of Holde: नागेन्द्र दुवे Nagendra Dubey fittle/ DOB: 10/02/1969 Chandan Diagnostic Center
99, Shivaji Nasar-Mahmoorganj
Phone No.:0542-2223232



Latitude

25.305421°

LOCAL 09:45:10 GMT 04:15:10 Longitude

82.979078°

THURSDAY 01.06.2022 ALTITUDE 15 METER





CIN: U85110DL2003PLC308206



Patient Name : Mr.NAGENDRA DUBEY-PKG10000237 Registered On : 06/Jan/2022 09:12:48 Age/Gender Collected : 52 Y 0 M 0 D /M : 06/Jan/2022 10:20:37 UHID/MR NO : CVAR.0000025378 Received : 06/Jan/2022 10:30:11 Visit ID : CVAR0095712122 Reported : 06/Jan/2022 13:49:58

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

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Unit Bio. Ref. Interval Method Result

Blood Group (ABO & Rh typing) *, Blood

Blood Group

В

Rh (Anti-D)

POSITIVE

COMPLETE BLOOD COUNT (CBC) * . Blood

Haemoglobin	13.40	g/dl	Male- 13.5-17.5 g Female-12.0-15.5	
TLC (WBC)	7,700	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
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	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	16.00	Mm for 1st hr		
Corrected	8.00	Mm for 1st hr	. <9	
PCV (HCT)	41.40	cc %	40-54	
Platelet count				
Platelet Count	1.59	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	4.02	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	103.00	fl	80-100	CALCULATED PARAMETER
MCH	33.20	pg	28-35	CALCULATED PARAMETER
	32.30	%	30-38	CALCULATED DADAMETED
	12.70	%	11-16	ELECTRONIC CL. 0: 14
	47.70	fL	35-60	ELECTRONIC S. N. Sinta
atrophils Count	4,620.00	/cu mm	3000-7000	Dr.S.N. Sinha (MD Path)
sinophils Count (AEC)	154.00	/cu mm	40-440	









Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name : Mr.NAGENDRA DUBEY-PKG10000237 Registered On : 06/Jan/2022 09:12:49 Age/Gender : 52 Y 0 M 0 D /M Collected : 06/Jan/2022 14:26:13 UHID/MR NO : CVAR.0000025378 Received : 06/Jan/2022 14:29:47 Visit ID : CVAR0095712122 Reported : 06/Jan/2022 15:33:11

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	
GLUCOSE FASTING , Plasma					
Glucose Fasting	76.40	mg/dl	< 100 Normal 100-125 Pre-diabete ≥ 126 Diabetes	GOD POD s	

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	136.00	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. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.NAGENDRA DUBEY-PKG10000237 : 06/Jan/2022 09:12:49 Registered On Age/Gender : 52 Y 0 M 0 D /M Collected : 06/Jan/2022 10:20:37 UHID/MR NO : CVAR.0000025378 Received : 07/Jan/2022 10:50:05 Visit ID : CVAR0095712122 Reported : 07/Jan/2022 12:18:40

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

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Unit Die Def Internel

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rest name	Result	Unit	sio. Ref. interval	ivietnoa	
CLYCOCYLATED HAERAGOLODIN (HDA4C)	**				
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	*** , EDTA BLOOD				
Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP		HPLC (NGSP)	
Glycosylated Haemoglobin (Hb-A1c)	33.00	mmol/mol/IFCC			

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- 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.

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 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 G8 90 SL TOSOH HPLC Analyser.





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



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



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Registered On

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Age/Gender

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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.













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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	8.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.80	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	102.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	5.70	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	23.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	17.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	17.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.90	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	2.70	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.56		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	130.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	194.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	44.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	107	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal	CALCULATED
			130-159 Borderline High 160-189 High > 190 Very High	1
VLDL	43.18	mg/dl	10-33	CALCULATED
Triglycerides	215.90	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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200-499 High >500 Very High





S.N. Sinha (MD Path)











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UHID/MR NO Visit ID

: CVAR.0000025378 : CVAR0095712122

Reported

: 06/Jan/2022 14:31:52

Bio. Ref. Interval

Ref Doctor

Test Name

: Dr.Mediwheel - Arcofemi Health Care Ltd.

Status

Unit

: Final Report

Method

DEPARTMENT OF CLINICAL PATHOLOGY

Result

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

LIDINE	IATION	POLITIME *	

Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++) 200-500 (+++) > 500 (++++)	
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	IIIB/ ai	0.2 2.01	BIOCHEWISTKI
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution) Microscopic Examination:	ABSENT		The state of the s	
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

SUGAR, FASTING STAGE *, Urine

Sugar, Fasting stage **ABSENT** gms%

Interpretation:

Others

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2





ABSENT





Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



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: 06/Jan/2022 09:12:49

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UHID/MR NO Visit ID

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: 06/Jan/2022 14:31:52

: Dr.Mediwheel - Arcofemi Health Care Ltd.

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

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CHANDAN DIAGNOSTIC CENTRE



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

CIN: U85110DL2003PLC308206



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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 ** Sample:Serum	0.680	ng/mL	< 3.0	CLIA	

Interpretation:

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. 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)	125.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.35	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.71	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3 - 4.5	μIU/mL	First Trimes	ter	
0.5-4.6	$\mu IU/mL$	Second Trimester		
0.8 - 5.2	$\mu IU/mL$	Third Trimester		
0.5 - 8.9	$\mu IU/mL$	Adults	55-87 Years	
0.7 - 27	$\mu IU/mL$	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	$\mu IU/mL$	Child	0-4 Days	
1.7-9.1	$\mu IU/mL$	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.









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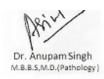
DEPARTMENT OF IMMUNOLOGY

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.













CIN: U85110DL2003PLC308206



Patient Name : Mr.NAGENDRA DUBEY-PKG10000237 Registered On : 06/Jan/2022 09:12:50

Collected Age/Gender : 52 Y 0 M 0 D /M : N/A UHID/MR NO : CVAR.0000025378 : N/A Received

Visit ID : CVAR0095712122 Reported : 06/Jan/2022 13:03:01

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 * (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: NORMAL SKIAGRAM



Dr Raveesh Chandra Roy (MD-Radio)









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Patient Name : Mr.NAGENDRA DUBEY-PKG10000237 : 06/Jan/2022 09:12:50 Registered On

Age/Gender Collected : 52 Y 0 M 0 D /M : N/A UHID/MR NO : CVAR.0000025378 Received : N/A

Visit ID : CVAR0095712122 Reported : 06/Jan/2022 11:20:35

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) *

- The liver measures 11.3 cm in mid clavicular line. It is normal in shape and echogenecity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein measures 9.6 mm in caliber. CBD measures 3.4 mm in caliber.
- Pancreas is normal in size, shape and echogenecity.
- Spleen is normal in size (9.0 cm in its long axis), shape and echogenecity.
- Right kidney measures :8.5 x 3.7 cm. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures: 9.9 x 4.4 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 87 cc.
- The prostate is normal in size (39 x 30 x 31 mm/20gms), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

IMPRESSION: No significant abnormality seen.

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, TREAD MILL TEST



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

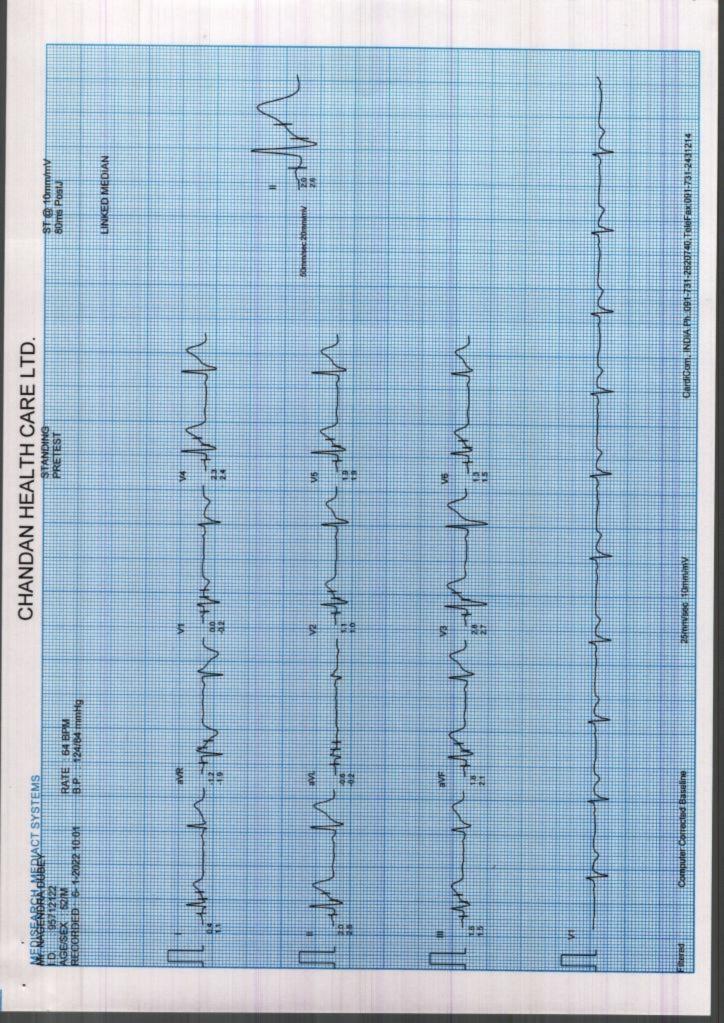






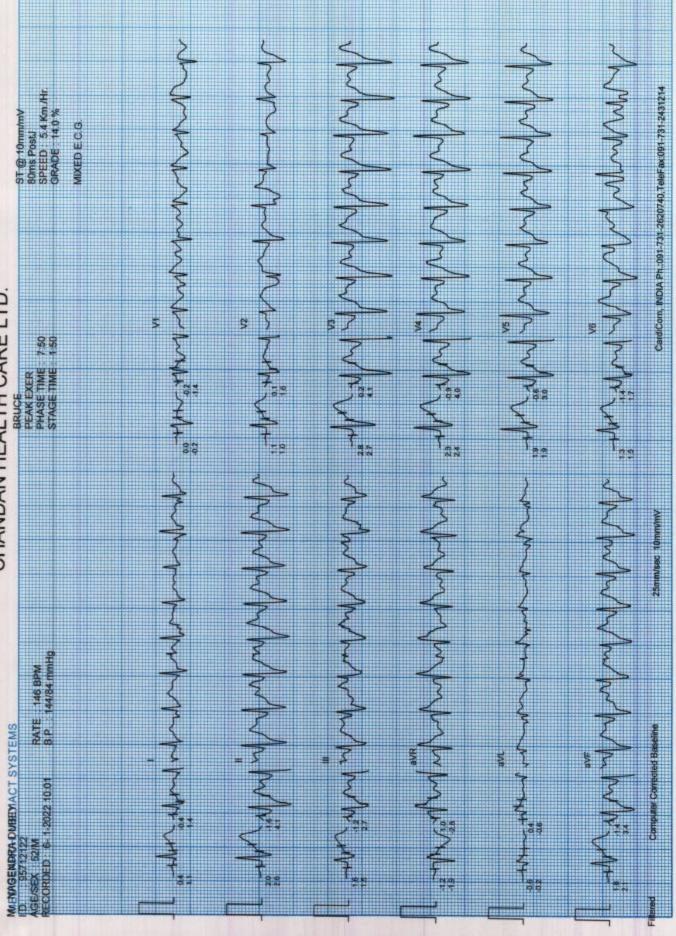
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<u>.</u>	EFORT	-	20 20 20 20 20 20	00 02 18	-1.8 1.3 1.3					P. 081-731-262
CARE L	TREADMILL TEST SUMMARY REPORT Protocol: BRUCE History: Medication 1: Medication 2: Medication 3:	RPP X100	2	142 187 210	21.000.000.000.000.000.000.000.000.000.0		s/em	3		CardiCom, INDIA
GANUVAR	TREADMILL TE Protocol: BRUC History Medication 1 Medication 2 Medication 2	B.P. (mmHg)	12484 12484 12484 12484 12484	23.62 24.64 24.84	144/84 144/84 144/84		cat bourt	mbb jan		Cardiologist awal 57
GHANDAN HEAL BESHIVALI NAGAR MAHMOOR		H.R. (BPM)	6 6 6 6 7 8 6 7 8 6 7 8 6 8 6 8 6 8 6 8	1106 130 146	91 23 8		A LA	1. J.		Card Dr. Vikash Agrawal Reg. No54167
HAND!	12	GRADE (%)		5274 000 000	888	8 bom	5 3 aye	1.03.4	1	ă
ט	ID: 95712122 HWM: 17066 Recorded: 6: 1-203	SPEED (Km./Hr.)		5.4.0 5.04.0	888 888	rget heart rate 16	No Signay C	ž)	
EMS		STAGE	60 0	2 2 59 1 47	2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7.50 Minutes 146 bpm 96 % of tar 144/84 mmHg 8.88 METS	8			
EDIACT SYST	<u>L</u>	PHASE	60.0	2559 2559 747	2 1 0 2 2 2 4 5 8 8	146				
MEDISEARCH, MEDIACT SYSTEMS	Mr. NAGENDRA. DUBEN Age/Sex: 52/M Ref by Indication?	PHASE	SUPINE HYPERVENT VALSALVA STANDING SUPINE	STAGE 1 STAGE 2 EVENT	EVENT KER	RESULTS vercise Duration Vax Heart Rate Vax Blood Pressure Vax Work Load Reason of Termination	MPRESSIONS			



ZWZZZZZZ ZZZZZZZZZZZ WWW. WWW. WWW. WWW. WWW. ST @ 10mm/mV 80ms PostJ SPEED: 5.4 Km./Hr GRADE: 14.0 % RAWECG CHANDAN HEALTH CARE LTD. BRUCE EXERCISE 3 (EVENT) PHASE TIME: 747 STAGE TIME: 147 The Many the Top

CHANDAN HEALTH CARE LTD



ST @ 10mm/mV 80ms PostJ SPEED: 0.0 Km./Hr GRADE: 0.0 % RAWECG CHANDAN HEALTH CARE LTD. BRUCE BRUCE RECOVERY (EVENT) PHASE TIME 0:30

ST @ 10mm/mV 80ms PostJ SPEED: 0.0 Km /Hr GRADE: 0.0 % RAWECG CHANDAN HEALTH CARE LTD. BRUCE RECOVERY (EVENT) PHASE TIME: 100

ST @ 10mm/mV 80ms PostJ SPEED: 0.0 Km./Hr GRADE: 0.0 % RAWECG. CHANDAN HEALTH CARE LTD. RECOVERY (EVENT) PHASE TIME: 202