

CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206



Patient Name : Mr.JITENDRA SINGH Registered On : 11/Mar/2023 09:46:49

 Age/Gender
 : 42 Y 4 M 21 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000114793
 Received
 : N/A

Visit ID : ALDP0357562223 Reported : 11/Mar/2023 16:55:12

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

DEPARTMENT OF CARDIOLOGY-ECG MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ECG / EKG *

1. Machnism, Rhythm Sinus, Regular

2. Atrial Rate 75 /mt

3. Ventricular Rate 75 /mt

4. P - Wave Normal

5. P R Interval Normal

6. Q R S

Axis: Normal R/S Ratio: Normal Configuration: Normal

7. Q T c Interval Normal

8. S - T Segment Normal

9. T – Wave Normal

FINAL IMPRESSION

Sinus Rhythm, Borderline Left Ventricular Hypertrophy suspected. Please correlate clinically.











CIN: U85110DL2003PLC308206



Patient Name : Mr.JITENDRA SINGH Registered On : 11/Mar/2023 09:46:47 Collected Age/Gender : 11/Mar/2023 10:03:50 : 42 Y 4 M 21 D /M UHID/MR NO : ALDP.0000114793 Received : 11/Mar/2023 10:40:33 Visit ID : ALDP0357562223 Reported : 11/Mar/2023 13:33:27

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 Group (ABO & Rh typing) *, Blood

Blood Group A
Rh (Anti-D) POSITIVE

Complete Blood Count (CBC) *, Whole Blood

• • • • • • • • • • • • • • • • • • • •	•		
Haemoglobin	15.90	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

			remaie- 12.0-13.3 g/u	II.
TLC (WBC)	9,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	77.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	20.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	5.00	Mm for 1st hr.		
Corrected	.=	Mm for 1st hr.	. < 9	
PCV (HCT)	40.00	%	40-54	
Platelet count				
Platelet Count	1.77	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	54.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.25	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.25	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE









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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	77.70	fl	80-100	CALCULATED PARAMETER
MCH	30.30	pg	28-35	CALCULATED PARAMETER
MCHC	39.10	%	30-38	CALCULATED PARAMETER
RDW-CV	12.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	7,315.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	95.00	/cu mm	40-440	









CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-2548257

Pn: 9233447965,0332-2348237 CIN: U85110DL2003PLC308206



Patient Name : Mr.JITENDRA SINGH : 11/Mar/2023 09:46:47 Registered On Age/Gender : 42 Y 4 M 21 D /M Collected : 11/Mar/2023 13:40:51 UHID/MR NO : ALDP.0000114793 Received : 11/Mar/2023 13:47:16 Visit ID : ALDP0357562223 Reported : 11/Mar/2023 15:19:51

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	85.40	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 *	99.00	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal		SER LONG CO	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.

Dr. Akanksha Singh (MD Pathology)









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Patient Name : 11/Mar/2023 09:46:47 : Mr.JITENDRA SINGH Registered On Age/Gender : 42 Y 4 M 21 D /M Collected : 11/Mar/2023 10:03:50 UHID/MR NO : ALDP.0000114793 Received : 12/Mar/2023 11:16:03 Visit ID : ALDP0357562223 Reported : 12/Mar/2023 14:07:13

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

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	108	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 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





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





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Unit **Test Name** Result 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.





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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	8.73	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.00	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid * Sample:Serum	5.46	mg/dl	3.4-7.0	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) LIPID PROFILE (MINI) * , Serum Cholesterol (Total)	25.10 17.70 37.80 6.40 4.20 2.20 1.91 81.80 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 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8 <200 Desirable 200-239 Borderline High	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) VLDL	70.00 201 41.00	mg/dl mg/dl mg/dl	> 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High 10-33	DIRECT ENZYMATIC CALCULATED
Triglycerides	205.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 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

>500 Very High

Result Rechecked



Dr. Akanksha Singh (MD Pathology)









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Patient Name : Mr.JITENDRA SINGH Registered On : 11/Mar/2023 09:46:47 Age/Gender Collected : 11/Mar/2023 13:44:56 : 42 Y 4 M 21 D /M UHID/MR NO : ALDP.0000114793 Received : 11/Mar/2023 13:47:19 Visit ID : ALDP0357562223 Reported : 11/Mar/2023 17:11:39

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

U

URINE EXAMINATION, ROUTINE *	, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
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 (++)	DIPSTICK
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution) Microscopic Examination:	ABSENT			
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-3/h.p.f			270 (10)11 (7) (11) (11)
RBCs	ABSENT			MICROSCOPIC
NEO3	ABSENT			EXAMINATION
Cast	ABSENT			2,0,0,0,0
Crystals	ABSENT			MICROSCOPIC
Others	ABSENT			EXAMINATION

Urine Microscopy is done on centrifuged urine sediment.

STOOL, ROUTINE EXAMINATION *, Stool

BROWNISH
SEMI SOLID
Neutral (7.0)
ABSENT
ABSENT
ABSENT









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DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

SUGAR, FASTING STAGE *, Urine

Sugar, Fasting stage **ABSENT** gms%

Interpretation:

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE * , Urine

Sugar, PP Stage **ABSENT**

Interpretation:

(+)< 0.5 gms%

0.5-1.0 gms% (++)

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. Akanksha Singh (MD Pathology)





CHANDAN DIAGNOSTIC CENTRE



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: 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	0.240	ng/mL	< 2.0	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)	115.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.11	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimest	er	
0.5-4.6	$\mu IU/mL$	Second Trimester		
0.8 - 5.2	$\mu IU/mL$	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	$\mu IU/mL$	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.









Ref Doctor

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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.

Pring

Dr. Anupam Singh (MBBS MD Pathology)









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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

DR K N SINGH (MBBS,DMRE)









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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size (13.1 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:- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

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, shape and echogenicity.

RIGHT KIDNEY: - Normal in size (10.0 cm), shape and echogenicity. **A calculus measuring** ~ **4.4 mm is seen at mid pole**. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (11.0 cm), shape and echogenicity. **A calculus measuring** ~ **5.0 mm is seen at mid pole**. Pelvicalyceal system is not dilated.

URINARY BLADDER: Normal in shape, outline and distension. No e/o wall thickening / calculus.

PROSTATE: Normal in size (3.1 x 3.3 x 2.8 cm vol - 15.0 cc), 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: Bilateral renal calculus.

Please correlate clinically

DR K N SINGH (MBBS,DMRE)









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Reported

: 12/Mar/2023 17:15:59

Ref Doctor

: Dr. Mediwheel - Arcofemi Health Care Ltd. Status

: Final Report

: N/A

DEPARTMENT OF TMT MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Tread Mill Test (TMT) *

NORMAL

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.







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





