#### **Chandan Diagnostic**

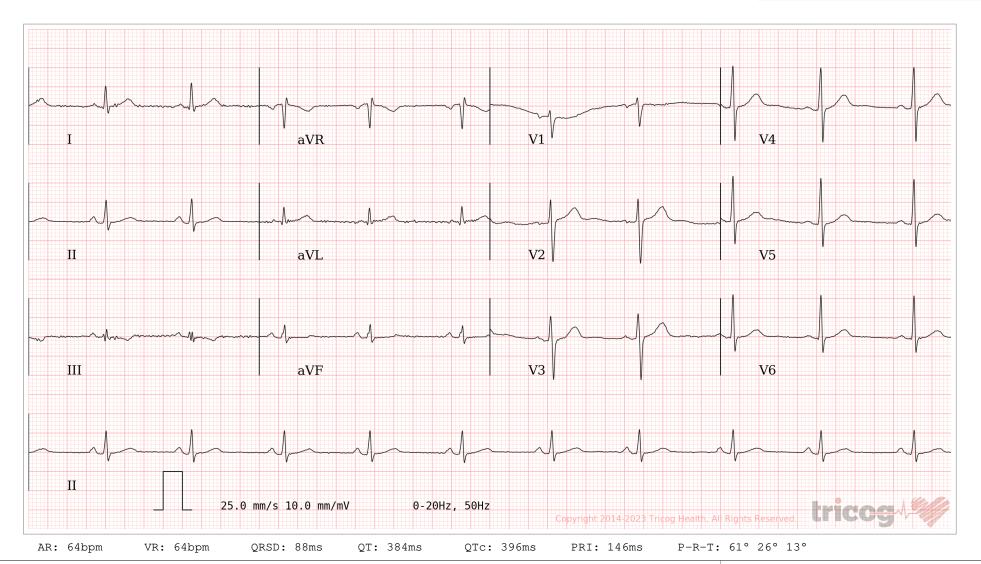


Age / Gender: 37/Male

Date and Time: 5th Mar 23 9:22 AM

Patient ID: CVAR0089522223

Patient Name: Mr.MANOJ KUMAR -BOBE31902



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

Dr. Charit MD, DM: Cardiology

AUTHORIZED BY

REPORTED BY

an. 63382

47596

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.



नाम मनोज कुमार Name MANOJ KUMAR

कर्मचारी कूट क्र. 77146 E.C. No.

क्षेत्रीय प्रबंधक (वा.क्षे.) जारीकर्ता

hority, Regional Manager (V.R.)



HOTILI SOMIC धारक के हस्ताक्षर Signature of Holder





### भारत सरकार Government of India

मनोज कुमार Manoj Kumar जन्म तिथि / DOB: 02/10/1985 पुरुष / Male

2311 1916 9929



आधार - आम आदमी का अधिकार





## **CHANDAN DIAGNOSTIC CENTRE**

Name of Company: - Medicheel (AHC)

Name of Executive: Mr. Manog kumav

Sex: Male / Female

Height: .168 ..... CMs

Weight: .......KGs

BMI (Body Mass Index): 20.0

Chest (Expiration / Inspiration) 98 / 102 CMs

Abdomen: CO CMs

Pulse: .... BPM - Regular / Irregular

RR: .....Resp/Min

Ident Mark: Mole on Rt Index Finger

Any Allergies: 100

Vertigo:

Any Medications: Wo

Any Surgical History: No

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any: Vo

Lab Investigation Reports: ightharpoonup 
ighthar

Eye Check up vision & Color vision:

Left eye: V

Right eye: MO

Near vision:

Far vision:

Dental check up : Mul







# CHANDAN DIAGNOSTIC CENTRE

ENT Check up :

Eye Checkup:

#### Final impression

Certified that I examined . Many Kumus/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:

Dr. R.C. ROY
MBBS, MD. (Radio Diagnosis)
Reg. No. 26913 Signature of Medical Examiner

Name & Qualification - Dr. R. C. Roy (MBBS, MD)

nandan Diagnostic Center 39, Shivaji Nagar, Mahmoorgani Varanasi-221010 (U.P.) Phone No.:0542-2223232







Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206

: Dr.MEDIWHEEL VNS



Patient Name : Mr.MANOJ KUMAR -BOBE31902 Registered On : 05/Mar/2023 08:38:05 Age/Gender Collected : 37 Y 0 M 0 D /M : 05/Mar/2023 09:39:28 UHID/MR NO : CVAR.0000035983 Received : 05/Mar/2023 09:54:17 Visit ID : CVAR0089522223 Reported : 05/Mar/2023 12:37:33 Ref Doctor

#### DEPARTMENT OF HABMATOLOGY

Status

#### 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** 

0

Rh (Anti-D)

**POSITIVE** 

Complete Blood Count (CBC) \*, Whole Blood

Haemoglobin g/dl 13.90 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

: Final Report

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)	9,300	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	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)	40.80	%	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC (1)
		N.		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
RBCCount				
RBC Count	4.39	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE









CIN: U85110DL2003PLC308206



: 05/Mar/2023 08:38:05 Patient Name : Mr.MANOJ KUMAR -BOBE31902 Registered On Age/Gender : 37 Y 0 M 0 D /M Collected : 05/Mar/2023 09:39:28 UHID/MR NO : CVAR.0000035983 Received : 05/Mar/2023 09:54:17 Visit ID : CVAR0089522223 Reported : 05/Mar/2023 12:37:33 Ref Doctor : Dr.MEDIWHEEL VNS Status : Final Report

DEPARTMENT OF HABMATOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	92.80	fl	80-100	CALCULATED PARAMETER
MCH	31.60	pg	28-35	CALCULATED PARAMETER
MCHC	34.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,580.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	186.00	/cu mm	40-440	

S.N. Sinla









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.MANOJ KUMAR -BOBE31902 : 05/Mar/2023 08:38:06 Registered On Age/Gender : 37 Y 0 M 0 D /M Collected : 05/Mar/2023 09:39:28 UHID/MR NO : CVAR.0000035983 Received : 05/Mar/2023 09:54:17 Visit ID : CVAR0089522223 Reported : 05/Mar/2023 13:17:13 Ref Doctor : Dr.MEDIWHEEL VNS

: Final Report Status

#### 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** 95.00 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.

Glucose PP 132.00 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.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c) % NGSP HPLC (NGSP) 5.30 Glycosylated Haemoglobin (HbA1c) 34.00 mmol/mol/IFCC Estimated Average Glucose (eAG) 106 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.









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Patient Name : Mr.MANOJ KUMAR -BOBE31902 : 05/Mar/2023 08:38:06 Registered On Age/Gender : 37 Y 0 M 0 D /M Collected : 05/Mar/2023 09:39:28 UHID/MR NO : CVAR.0000035983 Received : 05/Mar/2023 09:54:17 Visit ID : CVAR0089522223 Reported : 05/Mar/2023 13:17:13 Ref Doctor : Final Report : Dr.MEDIWHEEL VNS Status

#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>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:**

<sup>\*</sup>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	12.20	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.10	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	7.10	mg/dl	3.4-7.0	URICASE





<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

<sup>\*</sup>Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

<sup>\*</sup>With optimal control, the HbA 1c moves toward normal levels.

<sup>\*</sup>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

<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:





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#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	ι	Jnit Bio. Ref. Inte	erval Method
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	21.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	34.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.80	gm/dl	6.2-8.0	BIRUET
Albumin	4.10	gm/dl	3.8-5.4	B.C.G.
Globulin	2.70	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.52		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	129.50	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)	254.00	mg/dl	<200 Desirable 200-239 Borderline H > 240 High	CHOD-PAP ligh
HDL Cholesterol (Good Cholesterol)	51.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	57	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optir 130-159 Borderline H	
			160-189 High > 190 Very High	
VLDL	146.38	mg/dl	10-33	CALCULATED
Triglycerides	731.90	mg/dl	< 150 Normal 150-199 Borderline H 200-499 High >500 Very High	GPO-PAP ligh

S.N. Sinla









CIN: U85110DL2003PLC308206



Patient Name : Mr.MANOJ KUMAR -BOBE31902 Registered On : 05/Mar/2023 08:38:06 Age/Gender : 37 Y 0 M 0 D /M Collected : 05/Mar/2023 12:27:06 UHID/MR NO : CVAR.0000035983 Received : 05/Mar/2023 12:30:15 Visit ID : CVAR0089522223 Reported : 05/Mar/2023 12:30:41

Ref Doctor : Dr.MEDIWHEEL VNS Status : Final Report

#### DEPARTM ENT 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	LIGHT YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
Trotein	ADSENT	, 1116 70	10-40 (+)	Diration
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	ilig/ui	0.2-2.01	DIOCHEMISTICI
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
Anthona conc	1 2/11.p.i			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









CIN: U85110DL2003PLC308206



Patient Name : Mr.MANOJ KUMAR -BOBE31902

Collected

: 05/Mar/2023 08:38:06 : 05/Mar/2023 12:27:06

Age/Gender UHID/MR NO : 37 Y 0 M 0 D /M : CVAR.0000035983 Registered On Received

: 05/Mar/2023 12:30:15

Visit ID

: CVAR0089522223

Reported

: 05/Mar/2023 12:30:41

Ref Doctor

: Dr.MEDIWHEEL VNS

Status

: Final Report

#### DEPARTM ENT OF CLINICAL PATHOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit Bio. Ref. Interval Test Name Result 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









CIN: U85110DL2003PLC308206



Patient Name : Mr.MANOJ KUMAR -BOBE31902 : 05/Mar/2023 08:38:06 Registered On Age/Gender : 37 Y 0 M 0 D /M Collected : 05/Mar/2023 09:39:28 UHID/MR NO : CVAR.0000035983 Received : 05/Mar/2023 14:26:40 Visit ID : 05/Mar/2023 14:29:15 : CVAR0089522223 Reported 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. Interval	Method
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	110.50	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	4.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.10	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/n 0.5-4.6 μIU/n	nL Second Trimes	ter
		0.8-5.2 μIU/n 0.5-8.9 μIU/n	nL Adults 5	55-87 Years
		0.7-27 μIU/n 2.3-13.2 μIU/m		28-36 Week > 37Week
		0.7-64 μIU/m 1-39 μIU/m	nL Child(21 wk - 2	
		1.7-9.1 μIU/n		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. Sinla









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.MANOJ KUMAR -BOBE31902 Registered On : 05/Mar/2023 08:38:06

 Age/Gender
 : 37 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000035983
 Received
 : N/A

Visit ID : CVAR0089522223 Reported : 06/Mar/2023 09:32:30

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

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

Result/s to Follow:

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



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









D63/6B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.305399°

LOCAL 09:28:30 GMT 03:58:30 Longitude 82.979026°

SUNDAY 03.05.2023 ALTITUDE 42 METER