


**भारत सरकार**  
**GOVERNMENT OF INDIA**



**विजय सिंह निगलटिया**  
**Vijay Singh Nigaltia**  
**जन्म तारीख/DOB: 20/06/1986**  
**पुरुष Male**

**6933 9495 9317**

**आधार - आम आदमी का अधिकार**

*Vineet Modi*  
**Dr. VINEET MODI**  
**MBBS**

**Reg: UMC 0575**  
**Chandan Diagnostic Centre, Haldwani**


**राष्ट्रीय निश्चित पहचान प्राधिकरण**  
**INDIAN IDENTIFICATION AUTHORITY OF INDIA**

<b>पता:</b> <b>आत्मज: बिरेंद्र सिंह</b> <b>निगलटिया, खुशालपुर पो.ओ.</b> <b>लामाघाँड, हल्द्वानी, उत्तराखण्ड,</b> <b>उत्तराखण्ड, 263139</b>	<b>Address:</b> <b>S/O: Birendra Singh Nigaltia,</b> <b>Khushaipur P.O. Lamachaur,</b> <b>Haldwani, Haldwani, Nainital</b> <b>Uttarakhand, 263139</b>
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**6933 9495 9317**

**Aadhaar - Aam Aadmi ka Adhikar**







Since 1991



### GENERAL PHYSICAL EXAMINATION

NAME OF COMPANY... Bank of Baroda ..... DATE... 19/8/21 .....

CLIENT NAME... VILAY SINGH NIBALTA s/o, d/o... VIRENDRA SINGH NIBALTA .....

DATE OF BIRTH... 20/06/1986 AGE... 35 ..... YEARS.....

ADDRESS... KHUSHALPUR P.O LAMACHODHA HALDWANI NAINITAL .....

PHONE NO... 8477060024 ..... OCCUPATION... BAKING JOB .....

PHOTO ID... AADHAR CARD NO... 6933 9495 9317 .....

MARITAL STATUS... Married .....

MARK OF IDENTIFICATION... BACK SIDE ON HEAD SCAR MARK .....

HEIGHT... 1.69 .....cm      WEIGHT... 84 .....kg      BMI... 33.6 .....

CHEST EXP... 96 .....cm      CHEST INS... 100 .....cm      ABDOMEN... 95 .....cm

WAIST... 92 .....cm      HIP... 94 .....cm

BLOOD PRESSURE... 128/80 ..... PULSE RATE... 78/m Regular .....

RESPIRATION RATE... 18/m .....

FAMILY HISTORY	AGE OF LIVING	AGE AT DEATH	STATUS	YEAR
FATHER	<u>62</u>		<u>Healthy</u>	
MOTHER	<u>55</u>		<u>Healthy</u>	
BROTHER	<u>33, 30</u>		<u>Healthy</u>	
SISTER			<u>Healthy</u>	
WIFE/HUSBAND	<u>27</u>		<u>Healthy</u>	

DEFORMITIES

POLIO YES/NO  IF YES GIVE DETAILS

PARALYSIS YES/NO  IF YES GIVE DETAILS







**HISTORY OF CLIENT**

**IF YES, GIVE DETAILS**



TAKING MEDICINE YES/NO ✓  
 EYE VISION ✓  
 DENTAL CHECKUP ✓  
 BLOOD PRESSURE YES/NO ✓  
 DIABETES YES/NO ✓  
 THYROID YES/NO ✓  
 SURGERY ✓  
 GALL BLADDER YES/NO ✓  
 APPENDIX YES/NO ✓  
 HARNIA YES/NO ✓  
 HYDROCLE YES/NO ✓  
 CATRACT YES/NO ✓  
 OPEN HEART SURGERY YES/NO ✓  
 BY PASS SURGERY YES/NO ✓  
 ANGIOGRAPHY YES/NO ✓  
 PILES YES/NO ✓  
 FISTULA YES/NO ✓  
 ACCIDENT YES/NO ✓  
 UTERUS YES/NO ✓

**HABITS IF YES, GIVE DETAILS**

SMOKING YES/NO ✓  
 ALCOHOL YES/NO ✓  
 PAN MASALA YES/NO ✓

NUMBER OF CHILD 01 DATE OF BIRTH OF LAST BABY 26 / MARCH / 2021

I am giving my blood sample empty stomach YES/NO ✓  
 URINE sample YES/NO ✓  
 ECG YES/NO ✓



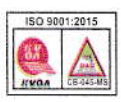
**FINAL IMPRESSION:**

Certified that I examined that VINAY SINGH NIGALTA...s/o.. VIRENDRA SINGH NIGALTA is presently in good health and free from any cardio-respiratory/ communicable ailment and in my opinion, he is fit / unfit to join any organization.

*[Signature]*  
 Client Signature

*Vineet Modi*  
**Dr. VINEET MODI**  
 MBBS  
 Reg.: UMC- 9575  
 Chandan Diagnostic Centre, Haldwani

Signature of Medical Examiner  
 Name & Qualification of the medical examiner







# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: 9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.VIJAY SINGH NIGALTIA BOBE2591	Registered On	: 19/Aug/2021 09:55:37
Age/Gender	: 35 Y 1 M 29 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000069696	Received	: N/A
Visit ID	: CHLD0048052122	Reported	: 20/Aug/2021 11:00:44
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

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

#### SPLEEN

- The spleen is normal in size (~10.6 cms) and has a normal homogenous echo-texture.

#### ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is seen in peritoneal cavity.

#### URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

#### URINARY BLADDER

- The urinary bladder is partially distended (patient not able to hold more urine). *(Pre void volume is ~180 cc)*
- Post void bladder volume contains insignificant amount of residual urine. (Post void volume is ~2.5 cc)*

#### PROSTATE

- The prostate gland is borderline enlarged in size & normal in texture with smooth outline, its measuring ~ 2.9x4.1x3.4 cm & 21.4 cc in vol.*

#### FINAL IMPRESSION:-

**--Mild hepatomegaly with Grade I fatty infiltration.**

**--Borderline prostatomegaly with insignificant post void residual urine.**

Adv : Clinico-pathological-correlation /further evaluation & Follow up

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

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLYCOSYLATED HAEMOGLOBIN (HBA1C), ECG / EKG



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Nainital Road, HALDWANI  
Cont. No.- 9235400975

Dr.Navneet Kumar (MD Radiodiagnosis)

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 Conduction 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



Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

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June 2021







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Visit ID	: CHLD0048052122	Reported	: 19/Aug/2021 12:39:43
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
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	104.70	fl	80-100	CALCULATED PARAMETER
MCH	34.10	pg	28-35	CALCULATED PARAMETER
MCHC	32.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,680.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	390.00	/cu mm	40-440	



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**Dr Vinod Ojha**  
 MD Pathologist



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Age/Gender	: 35 Y 1 M 29 D /M	Collected	: 19/Aug/2021 14:58:34
UHID/MR NO	: CHLD.0000069696	Received	: 19/Aug/2021 15:01:53
Visit ID	: CHLD0048052122	Reported	: 19/Aug/2021 16:04:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose Fasting</b> Sample:Plasma	96.00	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 diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample:Plasma After Meal

164.96	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### 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 diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.



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Visit ID	: CHLD0048052122	Reported	: 20/Aug/2021 13:05:51
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	37.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	111	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.

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 1 diabetics. 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.

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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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#### 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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*ASIM*  
Dr. Anupam Singh  
M.B.B.S, M.D. (Pathology)



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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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<b>BUN (Blood Urea Nitrogen) *</b> Sample:Serum	<b>6.82</b>	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	<b>1.32</b>	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> Sample:Serum	<b>66.00</b>	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> Sample:Serum	<b>6.44</b>	mg/dl	3.4-7.0	URICASE
<b>L.F.T.(WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	<b>85.02</b>	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>144.74</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	<b>60.95</b>	IU/L	11-50	OPTIMIZED SZAZING
Protein	<b>7.61</b>	gm/dl	6.2-8.0	BIRUET
Albumin	<b>4.33</b>	gm/dl	3.8-5.4	B.C.G.
Globulin	<b>3.28</b>	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	<b>1.32</b>		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	<b>102.08</b>	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	<b>0.85</b>	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.50</b>	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	<b>0.35</b>	mg/dl	< 0.8	JENDRASSIK & GROF

### LIPID PROFILE ( MINI ) \* , Serum

Cholesterol (Total)	<b>156.08</b>	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	<b>29.70</b>	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	<b>99</b>	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	<b>27.31</b>	mg/dl	10-33	CALCULATED
Triglycerides	<b>136.55</b>	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP

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VLDL

Triglycerides



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## DEPARTMENT OF BIOCHEMISTRY

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200-499 High  
>500 Very High



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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	1.020			
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			
<b>Microscopic Examination:</b>				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	OCCASIONAL			MICROSCOPIC EXAMINATION
Cast	NIL			
Crystals	NIL			MICROSCOPIC EXAMINATION
Others	NIL			



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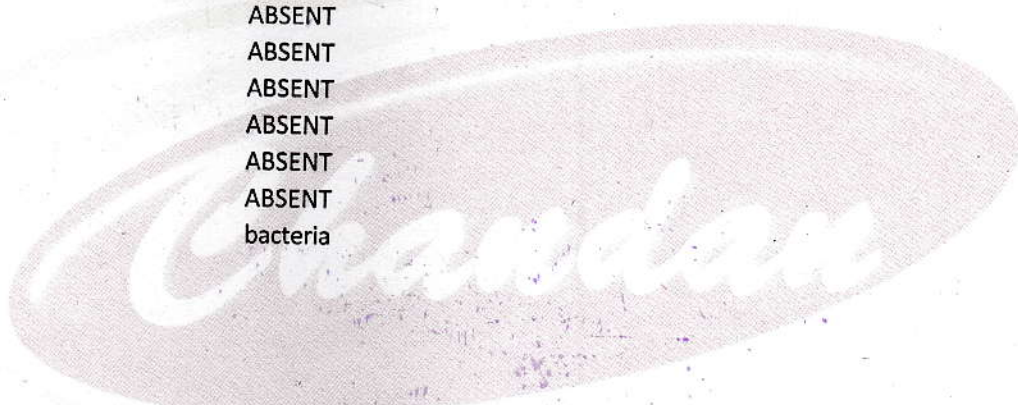
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#### STOOL, ROUTINE EXAMINATION \* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.0 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	bacteria



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CIN : U85110DL2003PLC308206



Patient Name	: Mr.VIJAY SINGH NIGALTIA BOBE2591	Registered On	: 19/Aug/2021 09:55:37
Age/Gender	: 35 Y 1 M 29 D /M	Collected	: 19/Aug/2021 14:58:34
UHID/MR NO	: CHLD.0000069696	Received	: 19/Aug/2021 15:01:53
Visit ID	: CHLD0048052122	Reported	: 19/Aug/2021 16:46:36
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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#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### 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%



**Chandan Diagnostic Centre**  
 Plot No.-1051, Near Chaudhary Kothi  
 Nainital Road, HALDWANI  
 Cont. No.- 9235400975

Dr. Sakshi Garg Teyal (MBBS, MD  
Pathology PDCC Oncopathology)



Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in

Home Sample Collection  
**1800-419-0002**





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: 9235400975  
CIN: U85110DL2003PLC308206



Patient Name	: Mr. VIJAY SINGH NIGALTIA BOBE2591	Registered On	: 19/Aug/2021 09:55:37
Age/Gender	: 35 Y 1 M 29 D /M	Collected	: 19/Aug/2021 10:07:56
UHID/MR NO	: CHLD.0000069696	Received	: 19/Aug/2021 10:18:04
Visit ID	: CHLD0048052122	Reported	: 19/Aug/2021 16:47:42
Ref Doctor	: Dr. Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## 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)	150.30	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	7.11	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.09	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

- 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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**Dr. Vinod Ojha**  
MD Pathologist



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Home Sample Collection  
**1800-419-0002**





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: 9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.VIJAY SINGH NIGALTIA BOBE2591	Registered On	: 19/Aug/2021 09:55:37
Age/Gender	: 35 Y 1 M 29 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000069696	Received	: N/A
Visit ID	: CHLD0048052122	Reported	: 19/Aug/2021 15:18:23
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## 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 : NORMAL SKIAGRAM


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

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:  
ECG/EKG

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 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 Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing



Customer Care No: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

\*Facilities Available at select locations 1500-419-0002



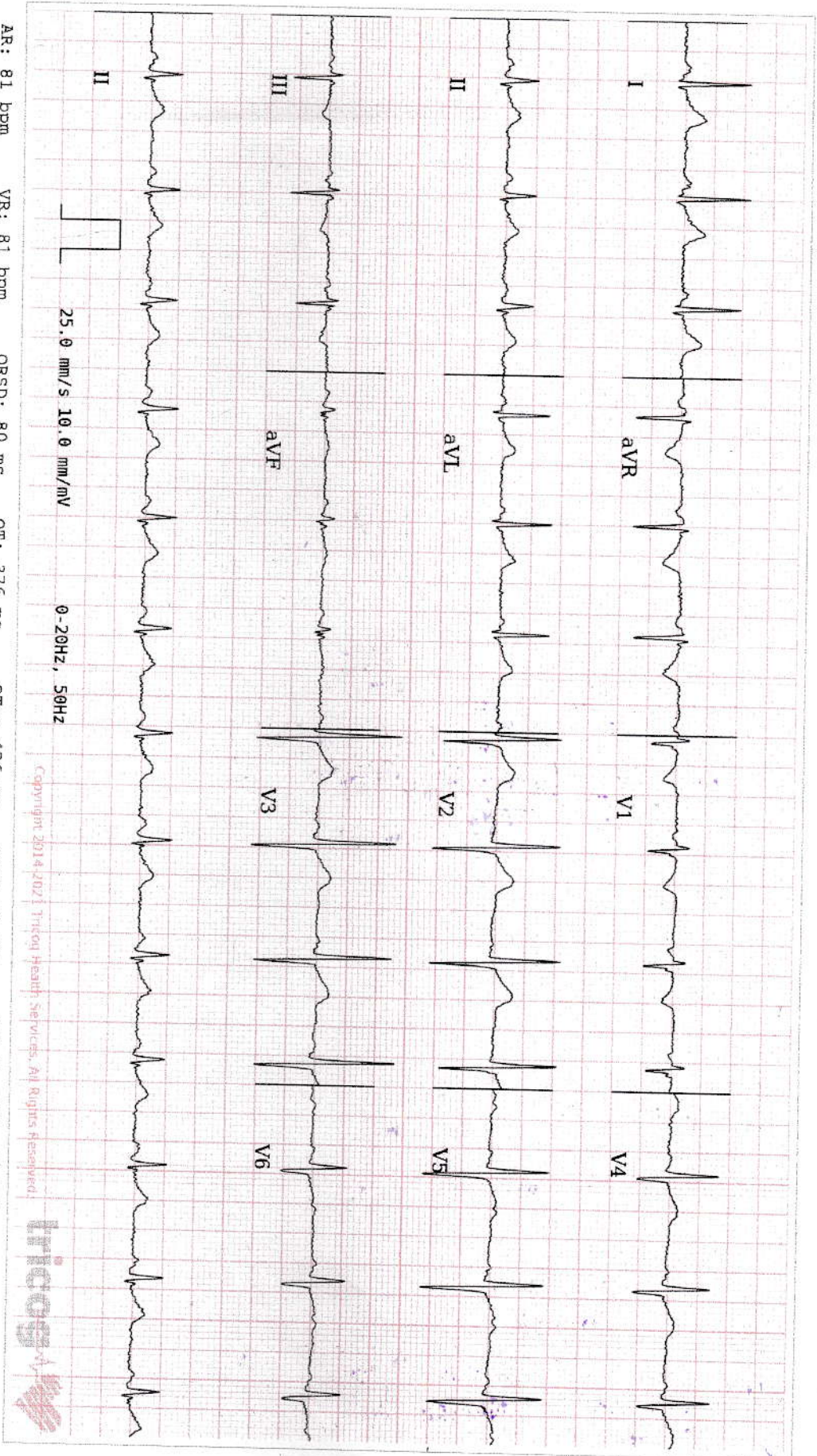


Age / Gender: 35/Male

Date and Time: 19th Aug 21 11:15 AM

Patient ID: CHLD0048052122

Patient Name: Mr. VIJAY SINGH NIGALITIA BOBE2591



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

**Chandan Diagnostic Centre**

Plot No.-1051, Near Chaudhary Kotli

Nainital Road, HALDWANI

Cont. No. - 923549975

AUTHORIZED BY

Dr. Chait  
MD, DM: Cardiology

REPORTED BY

Dr. Abhishek Tikmani

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.

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