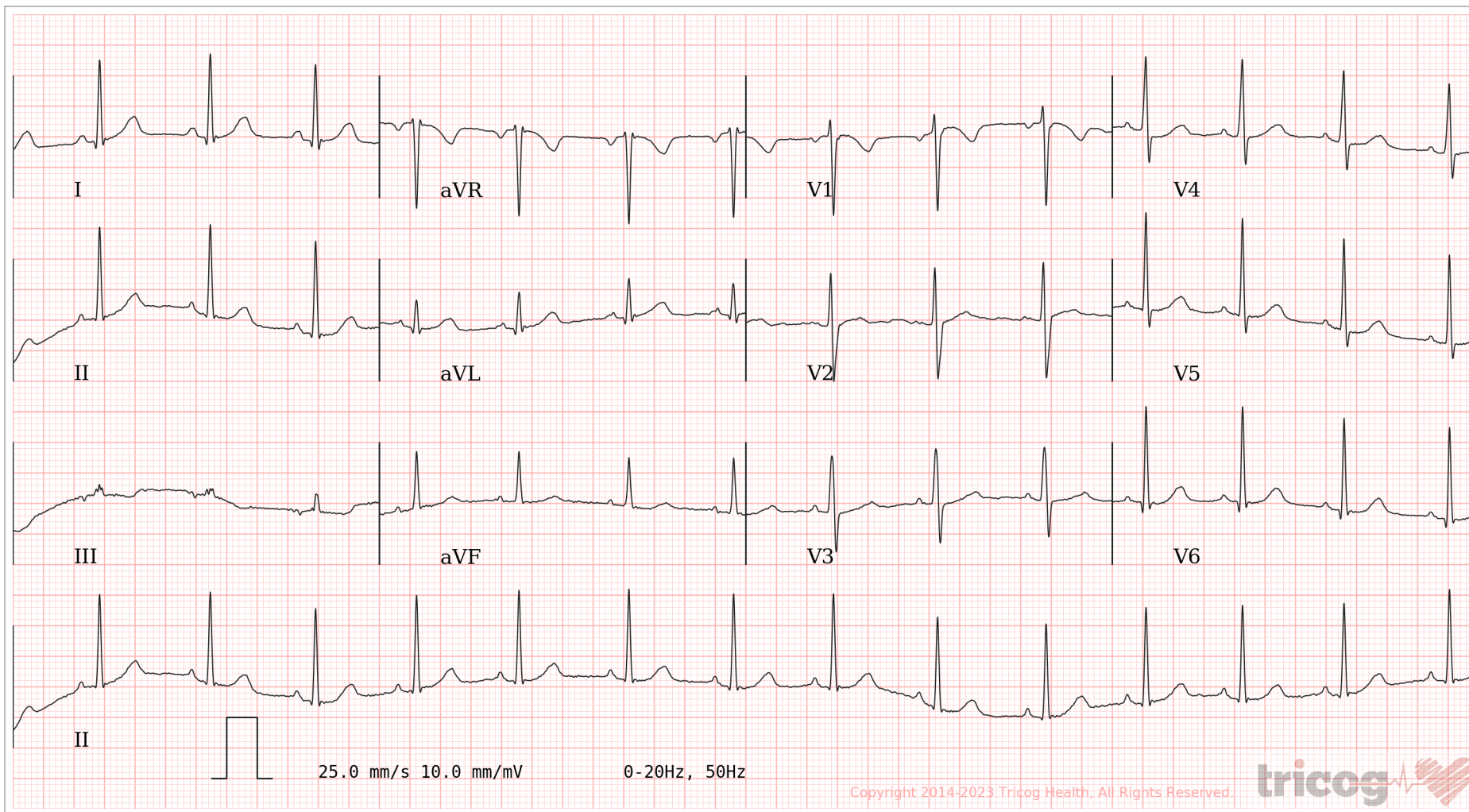


Chandan Diagnostic



Age / Gender: 24/Female
Patient ID: CVAR0020132324
Patient Name: Mrs.SHIVANGI -BOBS40403

Date and Time: 10th Jun 23 9:39 AM



AR: 88bpm VR: 88bpm QRSD: 84ms QT: 354ms QTcB: 428ms PRI: 124ms P-R-T: 23° 39° 18°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Adithya R

KMC129110

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.



भारत सरकार
Government of India



शिवांगी
Shivangi
जन्म तिथि/DOB: 02/05/1999
महिला/ FEMALE

3665 2306 5304

VID : 9105 3597 2180 5954

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

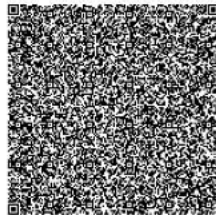


पता:

डब्ल्यू ओ राजेश कुमार चौरसिया, गांव एंड पोस्ट मारुफपुर,
मारुफपुर, चांदौली,
उत्तर प्रदेश - 221115

Address:

C/O WO Rajesh Kumar Chaurasiya, Village
and Post Marufpur, Marufpur, Chandauli,
Uttar Pradesh - 221115



3665 2306 5304

VID : 9105 3597 2180 5954



1947



help@uidai.gov.in



www.uidai.gov.in

Name of Company: Bob
Name of Executive: Shirangi
Date of Birth: 02/05/1999
Sex: Male / Female
Height: 150 CMs
Weight: 45 KGs
BMI (Body Mass Index): 20.0
Chest (Expiration / Inspiration) 83 / 86 CMs
Abdomen: 72 CMs
Blood Pressure: 114 / 72 mm/Hg
Pulse: 74 BPM - Regular / Irregular
RR: 19 Resp/Min
Ident Mark: Male Balance the eye
Any Allergies: No
Vertigo: No
Any Medications: No
Any Surgical History: No
Habits of alcoholism/smoking/tobacco: No
Chief Complaints if any: No
Lab Investigation Reports: No
Eye Check up vision & Color vision: No
Left eye: Nil
Right eye: Nil



CHANDAN DIAGNOSTIC CENTRE



Near vision: *2/6*
 Far vision: *6/6*
 Dental check up: *ref*
 ENT Check up: *ref*
 Eye Checkup: *ref*

Final impression

Certified that I examined *Shivangi* S/o or D/o
 is present in good health and free from any
 cardio-respiratory/communicable ailment, he/she is **fit / Unfit** to join any
 organization.



Client Signature :-

Shivangi

.....
Signature of Medical Examiner

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

Date...*10.06* /2023

Place - VARANASI

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

Dr. R.C. ROY
 MBBS, MD. (Radio Diagnosis)
 Reg. No. -22513





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SHIVANGI -BOBS40403	Registered On	: 10/Jun/2023 08:51:17
Age/Gender	: 24 Y 0 M 0 D /F	Collected	: 10/Jun/2023 10:35:15
UHID/MR NO	: CVAR.0000038578	Received	: 10/Jun/2023 10:43:49
Visit ID	: CVAR0020132324	Reported	: 10/Jun/2023 13:59:09
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
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	O
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	11.30	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	
TLC (WBC)	5,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	45.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	34.70	%	40-54	
Platelet count				
Platelet Count	1.60	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
<u>RBC Count</u>				
RBC Count	3.75	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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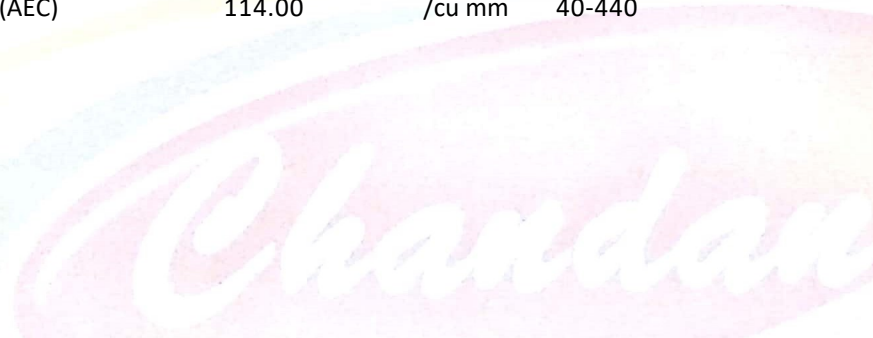


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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	92.60	fl	80-100	CALCULATED PARAMETER
MCH	30.30	pg	28-35	CALCULATED PARAMETER
MCHC	32.70	%	30-38	CALCULATED PARAMETER
RDW-CV	13.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,850.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	114.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795,0542-3500227
CIN : U85110DL2003PLC308206



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Visit ID	: CVAR0020132324	Reported	: 10/Jun/2023 13:12:36
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
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GLUCOSE FASTING, Plasma

Glucose Fasting	97.40	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impared Glucose Tolerance.

Glucose PP Sample: Plasma After Meal

Glucose PP	115.40	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	100	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.





CHANDAN DIAGNOSTIC CENTRE

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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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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.

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.

BUN (Blood Urea Nitrogen) Sample: Serum	15.10	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	0.70	mg/dl	Serum 0.5-1.2 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample: Serum	4.30	mg/dl	2.5-6.0	URICASE





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	25.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	11.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	23.60	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.20	gm/dl	6.2-8.0	BIRUET
Albumin	4.80	gm/dl	3.8-5.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.00		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	108.90	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	202.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	49.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	134	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	18.66	mg/dl	10-33	CALCULATED
Triglycerides	93.30	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-3500227
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Patient Name	: Mrs. SHIVANGI -BOBS40403	Registered On	: 10/Jun/2023 08:51:19
Age/Gender	: 24 Y 0 M 0 D /F	Collected	: 10/Jun/2023 10:35:15
UHID/MR NO	: CVAR.0000038578	Received	: 10/Jun/2023 16:45:47
Visit ID	: CVAR0020132324	Reported	: 10/Jun/2023 16:55:27
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
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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	141.10	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	11.90	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.50	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/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	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/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.
- 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. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mrs. SHIVANGI -BOBS40403	Registered On	: 10/Jun/2023 08:51:20
Age/Gender	: 24 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000038578	Received	: N/A
Visit ID	: CVAR0020132324	Reported	: 10/Jun/2023 14:56:35
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)





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size (13.7 cm in midclavicular 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 (9.6 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (3.4 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 ~ 9.0 x 4.0 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 ~ 9.6 x 3.9 cms.
 - ◊ Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - ◊ Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN

- The spleen is normal in size (~ 10.2 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.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

URETERS

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

URINARY BLADDER

- The urinary bladder is partially filled. Bladder wall is normal in thickness and is regular.
- Pre-void urine volume is ~ 50 cc.

UTERUS & CERVIX

- The uterus is retroflexed and normal in size (~ 73 x 45 x 40 mm / 69 cc) & shape and homogenous myometrial echotexture.
- The endometrial echo is seen in mid line (endometrial thickness ~ 4.6 mm).
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both ovaries are normal in size and texture.

FINAL IMPRESSION:-

- *No significant sonological abnormality noted.*

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

*** End Of Report ***

Result/s to Follow:

URINE EXAMINATION, ROUTINE, STOOL, ROUTINE EXAMINATION, SUGAR, FASTING STAGE, SUGAR, PP STAGE, ECG / EKG



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 *
365 Days Open *Facilities Available at Select Location

Page 9 of 9




Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

Mar. 2018



 GPS Map Camera

Varanasi, Uttar Pradesh, India

D63/6B-99, Shivaji Nagar Colony, Mahmoorganj,

Varanasi, Uttar Pradesh 221010, India

Lat 25.305377°

Long 82.979044°

10/06/23 09:11 AM GMT +05:30



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